



Center for Employment Education

520 E. 34th Avenue, Suite 201, Anchorage, AK 99503 (907)279-8451 or (800)478-4233/Fax (907)279-6088
3207 International Street #2, Fairbanks, AK 99701 (907)479-8451/Fax (907)456-6088
cee@acsalaska.net www.cee-ak.net

TRAINING APPLICATION

First Name: _____ Last Name: _____ Middle: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ SSN: _____

Name of closest relative in case of emergency: _____ Phone: _____

Drivers License # or Permit#: _____ Current Class of License (A,B,C,D) _____ Expiration Date: _____

Have you ever had a DWI or DUI conviction? ___ Yes ___ No If so, Date of conviction: _____

(Circle one) U.S. Citizen? Yes / No Male / Female Date of Birth: ___/___/___ Race _____

You must have a clean valid Driver License with a minimum of one year to obtain a CDL. For driving courses over 80 hours in length, you are required to provide a copy of your Alaska Driver History. It will be reviewed by the CEE Administration Office prior to enrollment.

Suitable clothing required for all classes

**HEALTH – ALL APPLICANTS WANTING TO OBTAIN A COMMERCIAL DRIVERS LICENSE
MUST BE ABLE TO PASS A DOT PHYSICAL AS REQUIRED BY FMCSR**

Do you have vision impairments? Yes No Explanation:	Are you color blind? Yes / No Explanation:	Do you have normal hearing? Yes No Explanation:
Do you have heart problems? Yes No Explanation:	Do you have epilepsy? Yes No Explanation:	Do you take insulin? Yes No Explanation:
Do you have normal blood pressure? Yes No Explanation:	Do you have diabetes? Yes No Explanation:	Do you have back or knee injuries? Yes No Explanation:
A drug screen is mandatory in the trucking industry. Do you consent to a drug screen? Yes No		

COURSE Requested _____

TRAINING DATES: 1. _____ 2. _____ 3. _____

*I certify that the information provided in this application is true and correct to the best of my knowledge. I also understand the no refund policy.
(explained on reverse side) **Please read other side for cancellation & rescheduling policy***

SIGNATURE: _____ **Date:** _____

OFFICE USE ONLY

Class CODE:			Tuition Paid	Balance Owed
		Outside Anch. CDL Road Test Fee \$100.00		
FUNDED BY (Agency):		Anchorage CDL Rd Test Fee \$ 25.00		
		Training Tuition		
FUNDING COUNSELOR:		Total Amount Due	\$	
CONTACT #:		Date Paid ___/___/___ CA, CK, CC	\$	
		Date Paid ___/___/___ CA, CK, CC	\$	
		# of Additional Training Hours		
		Date Paid ___/___/___ CA, CK, CC	\$	
		# of Additional Training Hours		
		Date Paid ___/___/___ CA, CK, CC	\$	
INSTRUCTOR TRAINING NOTES:	Date:	Truck #:	Instr.#:	

Instructor Notes continued on back*

