



Office Use only

CBC ID # _____
Date Received: ____/____/____
Processed by: _____
CBC Location: BV AL KV PL OIHS

Commercial Driver's License Application and Registration Form

To ensure accuracy, please print in blue or black ink and write legibly.
Please return the CE Registration Form via email to ce@coastalbend.edu

Student Information

Last Name: _____ First name: _____ Middle Name: _____
Other names you have gone by: _____ Gender: []Female []Male
Street Address: _____ City: _____ State: _____ Zip: _____
County: _____ Email Address: _____
Phone: _____ Phone: _____
[] Cell [] Home [] Work [] Cell [] Home [] Work
Social Security Number: ____/____/____ Birthdate: ____/____/____
High School Currently Attending (If Applicable): _____

Demographic Information

Coastal Bend College will use the following data for Federal and/or State law reporting purposes. Responses are voluntary and the information will be used in a nondiscriminatory manner consistent with applicable civil rights laws.

- 1. What is your ethnic origin: [] Hispanic or Latino [] Not Hispanic or Latino [] Not Reported
2. Select one or more that apply: [] White [] Hispanic or Latino [] Black/ African American [] Asian [] American Indian or Alaskan Native [] International [] Native Hawaiian or Other Pacific Islander [] Unknown/ Not Reported
3. What is your highest education attainment? [] High School Diploma [] GED [] College Hours or degree [] None of these
4. Are you a single parent with custody of your children? [] Yes [] No
5. Are you a displaced worker seeking training to reenter the workforce: [] Yes [] No
6. Are you currently employed, seeking additional training for employment growth: [] Yes [] No

Driver License Information

State of Issue: _____ Driver's License Number: _____ Date of Issue: _____
Expiration Date: _____ Restrictions: _____

Driver's License held within the past three years:
State: _____ Type: _____ Restrictions: _____ Expiration Date: _____
State: _____ Type: _____ Restrictions: _____ Expiration Date: _____

Class of License you are Applying for: (please select one option)

Class A (Tuition: \$4,000/semester) Class B (Tuition: \$1,500/semester)

Location of Class you are Applying for: (please select one option)

Alice Beeville Kingsville Pleasanton

Have you ever been denied a license, permit or privilege to operate a motor vehicle? *Yes / No*

Has any license, permit or privilege ever been suspended or revoked? *Yes / No*

If yes, date: _____

If you answered yes to either of the questions above, please provide a statement giving details.

Do you have any unpaid fines, tickets, or surcharges from any state through the DPS office? *Yes / No*

Do you exceed THREE moving violations (tickets) in the last three years? *Yes / No*

If you answered yes to either of the questions above, please provide a statement giving details.

Accident Review in the Past Three Years:

Date: _____

Nature of accident: (Head on, Rear end, etc.):

Any fatalities: *(Please select one option) Yes / No*

Any injuries: *(Please select one option) Yes / No*

Date: _____

Nature of accident: (Head on, Rear end, etc.):

Any fatalities: *(Please select one option) Yes / No*

Any injuries: *(Please select one option) Yes / No*

Convictions, Felonies and/or Forfeitures for the Past 10 Years Other than Moving Violations:

State: _____ Date: _____ Charge: _____

State: _____ Date: _____ Charge: _____

State: _____ Date: _____ Charge: _____

Students are required to have a DOT Physical-Medical Card and a Class A or Class B Commercial Learners Permit (CLP) (depending on the class to be taken) to begin the program. CLP is \$25.00 and is obtained through DPS. DOT Physical-Medical Cards may be obtained through any Certified Medical Examiner, visit the FMCSA page for details.

I understand that information submitted herein will be used by Coastal Bend College officials as enrollment for the Continuing Education course. I authorize Coastal Bend College to verify the information that I have provided. I agree to notify the proper institution of any changes in the information provided. I certify that the information on this form is complete and correct and understand that the submission of false information is grounds for rejection of my enrollment, withdrawal of my offer of acceptance, cancellation of enrollment, or appropriate disciplinary actions.

Signature: _____

Date: _____