

Program Prerequisites

- Must have a current Montana Driver License
 - Must be at least 18 years of age for intrastate; 21 for interstate
 - Attach photocopy of current and valid Montana Driver License to program application
- Background Check
 - Visit app.mt.gov/choprs/ and under Public Users click Start Service
 - Cost is \$14.50; pay online with eCheck, credit card, or debit card
 - Print background check document and attach to program application
- Motor Vehicle Record
 - Visit app.mt.gov/dojdrs/ and click on Public User and select 1 - To obtain my own driving record
 - Cost is \$7.25; pay online with eCheck, credit card, or debit card
 - Print motor vehicle record document and attach to program application
- Department of Transportation (DOT) Physical
 - Obtain a DOT Physical through a DOT Certified Medical Examiner (\$60-\$150)
 - Visit <https://nationalregistry.fmcsa.dot.gov/NRPublicUI/Drivers.seam> for a listing of local DOT Certified Medical Examiners
 - Attach Certified Medical Examiner's proof of DOT Physical to program application

Note: certain medical conditions (e.g., insulin-dependent diabetes) may disqualify applicant, require DOT Medical Waiver, or affect employment outlook. For more information on DOT physical qualifications read FMCSR 391.41, FMCSR 391.43, and FMCSR 391.64 or discuss with your healthcare provider.
- Drug Screening
 - Screening must take place within 2 weeks of class start (no earlier)
 - Schedule by contacting Drug Information Systems, Inc. at 2625 Broadway Street, Helena
 - Cost is \$55, specify that the test is for the Helena College CDL program
 - Results will be given directly to Helena College Continuing Education Program Director
phone: 406-444-5001
email: dis@mt.net
walk-ins accepted Monday - Friday; 10:30am to noon and 1-3pm

Payment/Tuition Information

A complete application will include all the information above *except* a drug screening (if application is turned in more than 2 weeks prior to program start.) Only complete applications will be accepted. Applicant will be informed of acceptance to the program within 2 business days. A non-refundable deposit of \$150 is due upon acceptance to the program, and the remainder of the program tuition is due no later than one week before class begins. Total amount due is \$3800. Class tuition includes books/manuals, gasoline/oil and Learner's Permit exam. Does not include final license exam fee.



Commercial Driver License Training Application
Submit to: Helena College – Continuing Education

ATTN: Mary Lannert
1115 North Roberts St. fax: 406-447-6397
Helena, MT 59601 or mary.lannert@umhelena.edu

Please type or print

Full Legal Name _____
LAST FIRST MIDDLE

Previous Name(s) _____
LAST FIRST MIDDLE

Social Security Number _____ Date of Birth ____/____/____

Current address

STREET/PO BOX CITY STATE ZIP

Daytime Phone Number _____

E-mail address _____

Students with Disabilities

If you have a disability that you wish to bring to the attention of the institution to which you seek admittance, you may do so, before or after admission, by submitting an application to the Disability Resources office. Applicants who need assistance with this application may request it from Disability Resources. All requests regarding disability will be confidential and will not be used as a factor in granting or denying admission.

Safety and Security

- 1. Have you been otherwise institutionalized for threatening or causing physical or emotional injury to persons or property? Yes No
- 2. Have you been dismissed and/or suspended from an educational facility for disciplinary reasons? Yes No
- 3. Have you ever been required to register as a sexual or violent offender? Yes No

Emergency Contact Information

Contact Name _____
FIRST LAST RELATIONSHIP

Contact Phone number _____
DAYTIME EVENING WEEKEND

Signature

I hereby certify that to the best of my knowledge the foregoing information is true and complete without evasion or misrepresentation. I understand that if it is later found otherwise, it is sufficient cause for rejection or dismissal. If my application for admission is approved, I agree to abide by the present and future rules and regulations, both academic and nonacademic. I further acknowledge that if I fail to adhere to these regulations or meet these requirements, my registration may be canceled.

APPLICANT'S COMPLETE LEGAL SIGNATURE

DATE



Please complete this page and submit with application OR answer questions on a separate sheet (type or print legibly.)

1. Please provide a brief summary of previous five years' work experience:

2. What are your employment goals for obtaining a Commercial Driver License (CDL)?

3. Summarize previous experience with heavy-duty trucking (if any):