



Professional CDL Training LLC

P. O. Box 18690, Milwaukee, WI 53218

Administration Office: 414-218-0093 Fax: 414-463-2955 Email: TrainMe@procdl.net

Training Information Request Form

The content of this form is for informational purposes, and will be used to create a training contract when you begin training with ProCDL. To be contacted for training, please complete, sign, date and return this form to us in person, via fax, email, or snail mail.

(Please Print Clearly)

Student Information

Student Name (First MI Last) _____

Telephone _____ E-mail _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Driver's License # _____ State _____ Date Expires _____

Current CDL Instruction Permit? Yes ___ No ___ If yes, what Class? Class (A) ___ Class (B) ___

When does your CDL Instruction Permit expire? _____

Do you have a current Medical Examination Certificate? Yes ___ No ___

If yes, when did you get it? _____

Anticipated Payment Information

How do you anticipate your training will be paid for? Yourself ___ Employer ___ Government Agency ___

If training will be paid for by an employer or an agency, please provide details below.

Name of Employer or Agency _____

Mailing Address _____ City _____ State _____ Zip _____

Please provide the Name(s) and Title(s) of person(s) authorizing payment for your CDL training.

Name _____ Title _____

Telephone _____ Fax _____

Name _____ Title _____

Telephone _____ Fax _____

Is a cost estimate required? Yes ___ No ___ Is a Purchase Order required? Yes ___ No ___

Have you reviewed the Student Driver Qualification, Prerequisites and Training Fee Schedule? Y ___ N ___

Would you like to be notified of our next Commercial Truck Driver's Employment Seminar? Y ___ N ___

Your Signature _____ Date _____

Please make a copy of this completed form for your records.