

**College of Southern Maryland Center for Transportation Training
CDL Training Program
Orientation (TRA-5000) Pre-Registration Application**

- Instructions:**
1. Complete/sign application and submit with driving record of good standing for the past 3 years to cdl@csmd.edu.
 2. Name, Date of Birth and Address **must match** information on Pre-Registration Application.
 3. If requirements are met, applicant will receive form to register for next available CDL orientation.

PROGRAM/SCHEDULE PREFERENCE
(CHOOSE ONE FROM THE FOLLOWING)

Training Program: Class A Weekday
 Weekend
 Class B

GENERAL INFORMATION

Social Security Number: _____ Date of Birth: _____

Name (Full): _____

Address: _____

County: _____

Email: _____ Phone: _____

Driver License Number: _____ State: _____

License Restrictions: _____ Expiration: _____

AUTHORIZATION AND RELEASE OF LIABILITY

I certify that the above information is correct. I hereby authorize and release from liability the College of Southern Maryland to disclose any information about my grades, attendance, participation and other pertinent information concerning the Commercial Driver License Training Program to funding agencies and to past, current and future employment as needed.

Participant Signature

Date