

Class "A" Training

Class "B" Training

COLLEGE OF SOUTHERN MARYLAND – Center for Transportation Training

**Pre-Registration Application for Admission to the
COMMERCIAL TRUCK DRIVER TRAINING PROGRAM**

Preferred schedule-Weekday/Weekend: _____

Social Security Number: _____ Date of birth: _____

Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____
Cell phone *daytime / evening*

Email Address: _____

Driver's License Number: _____ State: _____

Class of License: _____ Restrictions: _____ Expiration: _____
(A,B,C,D – CDL)

	YES	NO	
Have you ever held a commercial vehicle license?			
Have you ever been convicted of a crime, felony, or drug offense?			
If yes to above, are you currently on probation?			
Do you possess a HS diploma or GED?			

Financial Aid information can be found at: [Financial Aid Information](#)

I certify that the above information is correct. I hereby authorize, request 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 Truck Driver Training Program to funding agencies and to past, current and future employment as needed.

Your signature

date

**NOTE: These documents will be required to allow registration for the TRA 5000 Orientation
Please email these form and your current official MVA driving record to cdl@csmd.edu**