

Commercial Motor Vehicle Training Registration Form

☐ **Knowledge and Theory – online** XTI 1510 TBD

Course Name Course Number Start Date

☐ **CDL Behind the Wheel** XTI 1013 TBD

Course Name Course Number Start Date

Student Information: *please print clearly – certificates will be created as name appears below. Please provide as much information as possible as this will create a permanent student record at Ridgewater College.*

*SS or Student ID# _____ *Birth date: _____

Name: _____

Last First Middle

Home Address: _____

Street City State ZIP County

E-mail: _____ Phone: (_____) _____

DL/CLP #: _____ *Sex: _____ Male _____ Female

Availability for BTW:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Billing Information:

Contact Name: _____

Contact Email: _____

Contact #: _____

Email or mail information to: Customized.Training@Ridgewater.edu

Ridgewater College Customized Training
2101 15th Ave NW Willmar, MN 56201
Phone: (320) 222-6067

Ridgewater College Customized Training
980 2nd Ave SE Hutchinson, MN 55350
Phone: (320) 234-8536

Cancellation/Refund Policy: The college reserves the right to cancel a class up to the day before a class is to begin, and a full refund will only be issued if notification is given at least 2 business days prior to the start date of the course.

ADA Policy Information: If you have a disability and wish to request accommodations, contact Ridgewater College at (800) 722-1151, at least two weeks prior to the start of the class. **Providing this information is voluntary. Data is requested for purposes of administration (accurate transcripts and other records for identification), program evaluation, and consumer/alumni data bases. Any data provided will be kept confidential.*



Self-Certification for Accepted Applicants for behind-the-wheel (BTW) training at Ridgewater College

I, _____ certify that I will comply with U.S. Department of Transportation regulations parts 40, 382, 383 and 391, as well as State and/or local laws, related to alcohol and controlled substances testing, age, medical certification, licensing, and driver records, as required in 380.707(a). These regulations are available to me in the FMCSA regulation website (<https://www.fmcsa.dot.gov/regulations/title49/b/5/3>) or through request to my instructor(s).

(Signature)

(Date)



MINNESOTA STATE

**Minnesota State Colleges and
Universities
System Procedures
Chapter 5 – Administration
Procedures with Board Policy 5.19**

**Vehicle Use Agreement and Consent to Obtain Driving Record(s)
Effective September 1, 2009**

The information you are being asked to provide on this page will be used by Minnesota State Colleges and Universities to determine your eligibility to drive state owned or leased vehicles for system activities. This information will be submitted to the state Department of Motor Vehicles for each state where you have held a driver's license in the past five years. The driving record(s) obtained will be reviewed by the state Risk Management Division of the Department of Administration, which will rate the acceptability of your driving record. This rating will be maintained by the applicable system Human Resources Office and available to other system personnel including, but not limited to, your supervisor, who have a need to verify your eligibility to drive a state owned or leased vehicle. This consent form will be used to annually verify your driving eligibility unless you rescind your consent in accordance with the applicable campus or office procedure. You are not required by law to provide this information, but if you do not do so you will not be eligible to drive a state owned or leased vehicle. If your job responsibilities require that you drive a state owned or leased vehicle and you do not wish to complete this form, please discuss with your supervisor. Your ability to drive a personal vehicle for system activities is not affected by your completion of this page. If you have any questions about this form or policy, please discuss them with your supervisor.

Please return this form to the Human Resources Office. The submission and review process may take 7 to 10 working days. Effective 9/1/09, an employee's driving record must be acceptable before reserving a state owned or leased vehicle.

Complete the Following Only If You Authorize Minnesota State Colleges and Universities to Obtain Your Driver's License Records to be Eligible to Drive a State Owned or Leased Vehicle

Name: **Last:**_____ **First:**_____ **Middle:**_____

Date of Birth: _____

Driver's License Number: _____ **Issued by State of:** _____

Driver's License Class: _____

Other Driver's Licenses held in the last five (5) years: _____

Division: _____

Name of Supervisor: _____

Office Phone Number: _____ **E-mail Address:** _____

Driver's Responsibilities:

Driver agrees to:

1. Maintain an active, appropriate driver's license;
2. Comply with Minnesota State Colleges and Universities' Drivers' License and Record Check Guideline 5.19.3.1 and other system policies and procedures applicable to travel;
3. Notify his/her supervisor immediately if driver's license is suspended, revoked, cancelled, restricted or expired if driver intends to use state owned or leased vehicle;
4. Observe all posted speed limits and operate system vehicle in accordance with applicable laws and state regulations. The Department of Administration monitors all vehicles electronically.

Vehicle Use Agreement

My signature below signifies that I have read and understand the Driver's Responsibilities noted above, and agree to abide by them.

I AUTHORIZE MINNESOTA STATE COLLEGES AND UNIVERSITIES TO OBTAIN MY MOTOR VEHICLE RECORD (MVR) FROM ANY STATE WHERE I HAVE HELD A DRIVER'S LICENSE IN THE LAST FIVE YEARS BASED ON THE INFORMATION I HAVE PROVIDED ON THIS FORM FOR THIS PURPOSE. I ALSO UNDERSTAND THAT MY MOTOR VEHICLE RECORD MAY BE OBTAINED AND REVIEWED ANNUALLY IN CONJUNCTION WITH THIS AUTHORIZATION.

I AGREE THAT THE INFORMATION I HAVE PROVIDED IS ACCURATE AND COMPLETE.

If I intend to drive a state owned or leased vehicle, I agree to notify my supervisor immediately if the status of my driver's license changes, as described above.

Signature

Date