

CENTRALIA COLLEGE

Commercial Driver License Registration Checklist



Student Name _____

Required before course acceptance and registration:

- Apply to Centralia College (<https://apply.ctc.edu/>)

Register at the CTE Office with the following:

- Class Registration Form
- CDL Performance Contract
- Copy of valid WA State Driver's License**
- Copy of DOL Driver's Abstract (Full)**
- Copy of DOT Physical Medical Examiner's Certificate**

**Include with packet or send to the office via email at CTE@centralia.edu or via fax at (360) 330-7106, ATTN: CDL

FOR OFFICE USE ONLY

Date received: _____

Time received: _____

Received by: _____

Due to the CTE Office, between 1 and 30 days before the first day of class:

- Copy of negative non-DOT Drug Screen (see "Physical & Drug Screening" on last page)

ACKNOWLEDGEMENT OF UNDERSTANDING

_____ I acknowledge that I am at least 18 years of age or older.

Initials

_____ I acknowledge that I must complete the registration process and provide the documents above. An incomplete packet or missing documents means I cannot be enrolled in CDL 100.

Initials

_____ I understand that packet acceptance does not guarantee me placement in the CDL 100 session of my choice. I will inform the CTE office if I am unable to attend specific days during the class when I turn in my registration packet.

Initials

_____ I understand the process outlined below regarding the Commercial Learner's Permit. This occurs after the first week or when the instructor notifies students.

Initials

- I must apply with DOL (an appointment may be scheduled).
- I must bring proof of my driver's license, SSN, and citizenship (e.g., birth certificate). The DOL may require other documents.
- I must pay for, complete, and pass the CDL knowledge test for the CDL Class A endorsement. Additional fees may be required.
- I must provide a copy of the CDL permit to the CTE Office.

_____ I acknowledge that I must complete the drug screening outlined in this registration packet and will provide a copy of the results. I understand that failure to provide a copy of the results will prevent me from operating a vehicle and may result in immediate removal from the CDL 100.

Initials



ENROLLMENT SERVICES
CENTRALIA COLLEGE
 600 Centralia College Blvd
 Centralia WA 98531
 360.623.8976
 admissionscc@centralia.edu

CLASS REGISTRATION FORM

Term: Summer Fall Year _____
 Winter Spring

 CTCLink ID# Last Name First Name Middle Initial

 Student SSN

Your social security number is confidential and, under a federal law called the Family Education Rights and Privacy Act, the college will protect it from unauthorized use and/or disclosure. Disclosure of your SSN# is in compliance with state/federal requirements. Disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcript, assessment or accountability research. Failure to submit your social security number may result in a financial penalty by the Internal Revenue Service.

 Mailing Address Previous Name (if applicable)

 City State Zip Day Phone

 Email Address Birthdate Evening Phone

DROP CLASSES	CODE	COURSE DESC/SEC	CR	Instructor Signature (as needed)
		TOTAL		
Financial Aid Signature (Required for complete withdrawal)			Advisor Signature (as needed)	

ADD CLASSES	CODE	COURSE DESC/SEC	CR	Instructor Signature (as needed)	
		TOTAL			
	Variable Credit Class Change only below				
	CODE	CLASS DESC	CREDIT FROM	CREDIT TO	Advisor Signature (as needed)

A. Program/Degree Seeking

1. _____ 2. _____

DATE _____ STUDENT SIGNATURE REQUIRED _____

Centralia College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment. All inquiries regarding compliance with access, equal opportunity and/or grievance procedures should be directed to the Vice President of Human Resources and Equity, Centralia College, 600 Centralia College Blvd, Centralia, WA 98531, call 360-623-8943, or email hro@centralia.edu.

CENTRALIA COLLEGE

Commercial Driver License Performance Contract



Student Name _____ **Quarter** _____

Attendance is required during the length of the program. Instructional time is valuable to student learning and requires student participation and active engagement. Students must participate in each instructional class session, simulation opportunity, and driving practice day.

This performance plan acts as a contract between the student and Centralia College. In order to participate in the program and pass the course, the following conditions must be met. If the conditions below are not met, the student will not pass this Commercial Truck Driving (CDL) course.

I, _____, agree to attend every class session of the CDL program. Any absences must be approved by the instructor 24 hours prior. If I am unable to attend class for any reason, I will contact the instructor immediately. Failure to attend any part of a regularly scheduled session will result in not passing the course.

Student Signature _____ **Date** _____

CENTRALIA COLLEGE

Commercial Driver License DOT Physical & Drug Screening



Students must complete and pass a **DOT Physical** and a **non-DOT Drug Screening** to be fully accepted into CDL 100. The results of a DOT Physical must be included in the student's registration packet to be considered for acceptance into CDL 100. Drug Screenings must be completed in the 30-day window before the first day of class, and the results must be turned in to the CTE Office by the first day of class, either in person, by fax, or by email.

Fax: (360) 330-7106, ATTN: CDL **Email:** CTE@centralia.edu

The **non-DOT Drug Screening** should be a rapid test analyzing the following drugs:

- Marijuana (THC)
- Cocaine (COC)
- Phencyclidine (PCP)
- Amphetamines (AMP), plus Methamphetamines and Ecstasy (MDMA)
- Opiates (OPI), including Morphine, Codeine, Heroin (6-acetylmorphine or 6 AM), and expanded opiates:
 - Hydrocodone
 - Hydromorphone
 - Oxycodone
 - Oxymorphone

You may test through any location. Below is a list of local testing facilities. Students should consider making an appointment to ensure completion of the requirements on time.

Lower Columbia Occupational Health

804 Allen St #1
Kelso, WA 98626
(360) 414-8818
Open Monday-Friday, 8 am-4 pm

Quick Clinic

2526 Colonial Drive
Centralia, WA 98531
(360) 736-0256
Monday-Friday, 9 am-12 pm & 1 pm-4 pm

Lower Columbia Occupational Health

91 SW Chehalis Ave
Chehalis, WA 98532
(360) 748-7555
By appt only, Tuesdays

Evolution Health

1111 Kresky Ave, St #101
Centralia, WA 98531
(360) 807-4870
*By appt Monday & Thursday, 1 pm-6 pm
Wednesday & Friday, 9 am-5 pm*

Home DOT

129 Ebey Road
Toledo, WA 98591
(360) 864-4988
In-home DOT Physicals & Drug Screens