



Application for Commercial Truck Driving Course

Last Name	First Name	Middle Initial	Previous Last Name(s)	Last 4 digit SSN
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Current Mailing Address Number and Street	City	State	Zip Code
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Physical Address (if different from mailing address)	Driver License Number
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Mobile Phone #	Home/Evening Phone #	Email Address
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Emergency Contact name	Phone #	Relationship
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Have you had any previous truck driving experience? Yes ☐ No ☐

If yes, please describe: _____

Please indicate the term for which you are interested in training:

Summer ☐ Fall ☐ Winter ☐ Spring ☐

(Dates subject to change; contact program coordinator for the most up-to-date schedule.)

Program cost is \$5,250 plus fees (Fee information listed on the last page of this application.)



I understand past driving records, convictions and work history may impede job placement. I understand the Department of Transportation's Drug and Alcohol Testing Regulation – 49 CFR Part 40 – does not authorize the use of Schedule I drugs, including marijuana, for any reason. Any misleading or false information in my application or interview(s) may result in my termination from the program (see preregistration and Withdrawal/Drop policy.) I agree to finish all of the items listed below as scheduled:

- Obtain a DOT Physical Examination
- Obtain an Oregon Class A driving permit. (Must hold a class B or C driver license and have had the license for at least one year)
- Register in the FMCSA Drug and Alcohol Clearinghouse
- Obtain a DOT drug screen two weeks prior to the start of the class you will be attending

I have no physical restrictions or limitations that would interfere with my ability to prepare for the commercial Driver License Exam or that would restrict my opportunities for employment as a professional truck driver.

I have read and understand the conditions for acceptance into the Commercial Truck Driving Program.

Printed Name: _____

Signature: _____ **Date:** ____/____/____

If you have any questions, please do not hesitate to call the CDL Program Coordinator, JoAnn Critelli, at Tillamook Bay Community College, (503) 842-8222 x 1320.

Authorization for Release of Information

TO OUR STUDENTS AND FUTURE STUDENTS: We can help you better if we are able to work with other agencies that know you and your family. By signing this form you are giving permission for these organizations to share information about your situation. PURPOSE: The information received will be used to evaluate my situation and to plan for and coordinate services for me, or other purposes specified below:

-This permission expires two years from the date this document is signed.-

TO THOSE RECEIVING INFORMATION: State and Federal law protects this information disclosed to you. You are not authorized to release it to any agency or person not listed on this form without specific consent of the person to whom it pertains, unless authorized by other laws.

I authorize the following individuals or agencies to provide information to Tillamook Bay Community College:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Vocational Rehab Division	<input type="checkbox"/>	<input type="checkbox"/>	Employment/Unemployment
<input type="checkbox"/>	<input type="checkbox"/>	WorkSource Oregon	<input type="checkbox"/>	<input type="checkbox"/>	SNAP/STEP Coordinator
<input type="checkbox"/>	<input type="checkbox"/>	Adult and Family Services	<input type="checkbox"/>	<input type="checkbox"/>	Employability Assessment
<input type="checkbox"/>	<input type="checkbox"/>	EQUUS Workforce	<input type="checkbox"/>	<input type="checkbox"/>	Mental & Physical Limitations
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Admin Domiciliary	<input type="checkbox"/>	<input type="checkbox"/>	Driving Record
<input type="checkbox"/>	<input type="checkbox"/>	Trucking Companies	<input type="checkbox"/>	<input type="checkbox"/>	Results of Urinalysis
<input type="checkbox"/>	<input type="checkbox"/>	Transport Wisdom, 3rd party tester	<input type="checkbox"/>	<input type="checkbox"/>	DOT Physical

Other: _____

I agree that the agencies and individuals listed above may share and exchange information about my circumstances. *Initial:* Yes _____ No _____

I can cancel this at any time but I understand that the cancellation will not affect any information that was already released before the cancellation. I understand that information about my case is confidential and protected by State and Federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

Applicant Signature

_____/_____/_____
Date



Drug Screening Policy

Federal regulations require Commercial Truck Driving Training Programs in public schools to participate in DOT drug screening. The statute requires that all persons driving a commercial vehicle, whether licensed/permit or employed/student must complete a DOT physical, and pass a DOT drug screening. The participant will also be subject to random drug and alcohol testing during their training or employment.

Under this regulation, all applicants to the Tillamook Bay Community College Truck Driver Training Program will be required to pass a DOT (pre-employment) drug screen within 15 days before starting the training, and be prepared for random testing during the road training period.

You will be given a Chain of Custody form to present at the time of collection.

Adventist Health Tillamook
1000 3rd St
Tillamook, OR 97141
(503) 842-4444

Astoria collection site:
Helena's Drug Screening Services, LLC
250 36th Street
Astoria, OR 97103
(503) 325-4888

Initial

____/____/_____
Date

Your results will be available online at Castlebranch or you may request a copy from the TBCC Commercial Truck Driving Program Coordinator. We will notify you if there is a problem with the drug test.



DOT Medical Exam

To complete the DOT physical, you will need to schedule an appointment with Dr. Daniel R. Arthur, Dr. Craig Brown, NW Urgent Care in Astoria or Samaritan Occupational Medicine in Lincoln City or Newport. All locations are credentialed to perform DOT physicals and will serve as the colleges' providers. You will need to schedule an appointment and pay for the physical. This physical will be required by the DMV before they will issue a CDL permit. The cost of the DOT physical varies \$95-125 (subject to change without notice.) Their contact information is as follows:

Philip Hankins 503-842-4242
Tillamook, OR 97141

Dr. Daniel R. Arthur
(503) 842-3661
216 Cedar Ave.
Tillamook, OR 97141

NW Urgent Care
(503) 325-0333
2120 Exchange St. Ste. 111
Astoria, OR 97103

Samaritan Occupational Medicine
Lincoln City
2930 NE West Devils Lake Rd
Suite 3
Lincoln City, OR 97367
(541) 557-6427

____/____/____

Date

Newport
775 SW 9th Street
Newport, OR 97365
(541) 574-4675

Initial



Family Educational Rights and Privacy Act (FERPA) Authorization and Release

The Tillamook Bay Community College periodically takes photographs or videos of school classes, events, and other functions reflecting student life at the College. In some instances, the College may wish to publish those photographs and/or videos on its Websites, in school catalogs, in the school alumni magazine, and/or in other publicity materials. If those photographs and/or videos contain enrolled students, they may be considered educational records under the Family Educational Rights and Privacy Act of 1974 (FERPA), and therefore generally cannot be used without the prior written consent of students appearing in the photographs and/or videos.

By signing this form, you are giving the Tillamook Bay Community College permission to use your photograph and/or appearance in a video for the purposes of, and in the media, listed above.

- 1.0 I hereby authorize the Tillamook Bay Community College to publish on the internet or in other official publications including my photograph, my name, and video footage of me.
- 2.0 I release the Tillamook Bay Community College and its employees, agents, and assigns from any and all liability whatsoever arising out of the use, as applicable, of my photograph, video footage of me, and my name.
- 3.0 If I am providing the College with a photograph or video footage, I assure the College that use of the photograph or video footage will not infringe any copyright or other rights, and I agree to hold the College harmless from an against any and all claims relating to the use of the photograph or video footage, including but not limited to claims of copyright infringement.
- 4.0 The authorization and releases mentioned above are made freely and voluntarily.
- 5.0 The authorization in paragraph 1.0 may be revoked by me in writing at any time. However such revocation will not apply to items that have already been published or released.
- 6.0 A copy or facsimile of this authorization and release shall be as valid and effective as the original.

Printed Name: _____

Signature: _____ Date: ____/____/____



While TBCC Truck Driving Training Program is designed to help you get your CDL and a job in the transportation industry, there is no guarantee you will pass the DMV exam or receive a job offer. If you do not pass the CDL exam on the first try, our instructors will continue to work with you for a second and even a third try within the month following the end of your training program. If you do not pass the CDL exam on the third try there will be an extra fee of \$35 per hour to continue practicing for the exam with our instructor. You are responsible for paying all third party testing fees each time you take the exam as well.

Printed Name: _____

Date: ____/____/____

Signature: _____



STUDENT COPY

Truck Driver Training Class Registration Completion Requirements

After initial application, students will need to complete the following to be officially registered in the class:

- **Complete TBCC student application and registration.**
- **Provide your driver license number to the program coordinator.**
-TBCC will run a driving record check.
- **DOT physical exam** - This must be from a DOT credentialed doctor. The nearest locations are :

Philip Hankins
(503) 842-4242
Tillamook, OR 97141

Dr. Daniel R. Arthur
(503) 842-3661
216 Cedar Ave.
Tillamook, OR 97141

NW Urgent Care
(503) 325-0333
2120 Exchange St. Ste. 111
Astoria, OR 97103

Lincoln City/ Newport- Samaritan Occupational Medicine Clinics in Lincoln City & Newport

- **Obtain a CDL Class A learner's permit**
- **Register in the FMCSA Drug and Alcohol Clearinghouse**
- **Take and pass a DOT Federal drug screen test** (TBCC will provide paperwork for this test.)

Screening Criteria and Fees

\$5,250

TUITION

Fees paid by

Screens, Exams & Testing Prior to training:

DOT drug screen (DOT approved lab)
DOT driving record check

TBCC
TBCC

DOT physical exam (DOT approved doctor or clinic)
CDL drivers permit

Student \$95 - \$125
Student \$70.00

After training:

CDL testing- Third Party Tester
CDL driver's license + DMV Certificate of Test fee

Student \$300.00
Student \$200.00