



Office Use only

<i>CBC ID #</i>
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CBC Location: BV AL KV PL OL HS

Commercial Driver's License Application and Registration Form

To ensure accuracy, please print in blue or black ink and write legibly.
Please return the CE Registration Form via email to ce@coastalbend.edu

Student Information

Last Name: _____ First name: _____ Middle Name: _____

Other names you have gone by: _____ Gender: Female Male

Street Address: _____ City: _____ State: _____ Zip: _____

County: _____ Email Address: _____

Phone: _____ Phone: _____

Cell Home Work Cell Home Work

Social Security Number: _____/_____/_____ Birthdate: _____/_____/_____

High School Currently Attending (If Applicable): _____

Demographic Information

Coastal Bend College will use the following data for Federal and/or State law reporting purposes. Responses are voluntary and the information will be used in a nondiscriminatory manner consistent with applicable civil rights laws.

- What is your ethnic origin: Hispanic or Latino Not Hispanic or Latino Not Reported 2.
Select one or more that apply:
 White Hispanic or Latino Black/ African American Asian American Indian or Alaskan Native International
Native Hawaiian or Other Pacific Islander Unknown/ Not Reported
- What is your highest education attainment?
 High School Diploma GED College Hours or degree None of these
- Are you a single parent with custody of your children? Yes No
- Are you a displaced worker seeking training to reenter the workforce: Yes No
- Are you currently employed, seeking additional training for employment growth: Yes No

Driver License Information

State of Issue: _____ Driver's License Number: _____ Date of Issue: _____

Expiration Date: _____ Restrictions: _____

Driver's License held within the past three years:

State: _____ Type: _____ Restrictions: _____ Expiration Date: _____ State: _____

_____ Type: _____ Restrictions: _____ Expiration Date: _____

Class of License you are Applying for: (please select one option)

Class A (Tuition: \$4,000/semester) Class B (Tuition: \$1,500/semester)

Location of Class you are Applying for: (please select one option)

Alice Beeville Kingsville Pleasanton

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes / No

Has any license, permit or privilege ever been suspended or revoked? Yes / No

If yes, date: _____

If you answered yes to either of the questions above, please provide a statement giving details.

Do you have any unpaid fines, tickets, or surcharges from any state through the DPS office? Yes / No

Do you exceed THREE moving violations (tickets) in the last three years? Yes / No

If you answered yes to either of the questions above, please provide a statement giving details.

Accident Review in the Past Three Years: Date:

Nature of accident: (Head on, Rear end, etc.):

Any fatalities: (Please select one option) Yes / No

Any injuries: (Please select one option) Yes / No

Date: _____

Nature of accident: (Head on, Rear end, etc.):

Any fatalities: (Please select one option) Yes / No

Any injuries: (Please select one option) Yes / No

Convictions, Felonies and/or Forfeitures for the Past 10 Years Other than Moving Violations:

State: _____ Date: _____ Charge: _____

State: _____ Date: _____ Charge: _____

State: _____ Date: _____ Charge: _____

If you answered yes to any of the questions on this page and want to verify your eligibility to receive a CDL License, please visit dps.texas.gov/section/driver-license/how-order-driver-record to obtain your Abstract Driver's Record to see if you are eligible.

Students are required to have a DOT Physical-Medical Card to begin the program once registered. DOT Physical-Medical Cards may be obtained through any Certified Medical Examiner, visit the FMCSA page for details.

Please note: Texas Senate Bill 1107 requires all students entering an institution of higher education, who are under 22 years of age, to demonstrate proof of vaccination against bacterial meningitis or demonstrate they are exempt from receiving the vaccination. Vaccinations must have been received within the previous five (5) years, and no later than 10 days prior to, the first day of the semester in which the student initially enrolls. Please submit your official immunization record to ce@coastalbend.edu. Students will not be able to start classes without the bacterial meningitis

I understand that information submitted herein will be used by Coastal Bend College officials as enrollment for the Continuing Education course. I authorize Coastal Bend College to verify the information that I have provided. I agree to notify the proper institution of any changes in the information provided. I certify that the information on this form is complete and correct and understand that the submission of false information is grounds for rejection of my enrollment, withdrawal of my offer of acceptance, cancellation of enrollment, or appropriate disciplinary actions.

Signature: _____

Date: _____