This program is dedicated to the concept of quality training at affordable rates for the citizens of Southeast Texas.

Class “B” Commercial Driver License Training

Coordinator: Marlon Hartman, 409-839-2942

Part I: CVOP 1011, Professional Truck Driver I (45 clock-hours) $1,200*

*Tuition is subject to change without prior notice

Course Information

The Lamar Institute of Technology (LIT) Professional Driving Academy Class “B” Commercial Drivers License (CDL) consists of forty-five (45) instructional hours during a three (3) week period.

Actual class times will be set by the Coordinator and Instructors in order to benefit the students and their schedules. During the latter portion of the course, students will take the Class “B” CDL driving test, using our equipment, at the Texas Department of Public Safety.

A maximum of three (3) students will be allowed per course. Registration for the Academy will be handled on a first come, first serve basis.

Admission Requirements

Applicants must:

- be at least 21 years of age
- pay for, complete, and pass a Department of Transportation (DOT) Physical Examination and Drug Screen
- be able to read and speak the English language sufficiently to converse with the general public and to make entries on reports and records
- provide a high school transcript or copy of their G.E.D. prior to the first class day
- if you do not posses a G.E.D., you may take the reading level test from our Institute Learning Lab
- be interviewed by an Academy representative

Applicants must complete and return the following registration forms to the LIT Technology Center building, Room 110:

- Student Survey Form
- Applicant Questionnaire
- Request for Driving Abstract
- Request for D.O.T. Physical Examination and Drug Screen Results
- Copy of Social Security card and valid Driver's License

The applicant's driving record will be reviewed for acceptable standards to meet with employer guidelines. If an individual's driving record is deemed unacceptable by these standards, the individual will not be admitted to this training program.

MUST HAVE/COMPLETE PRIOR TO CLASS START DATE

- Possess a valid Class “B” CDL Learner’s Permit

MUST HAVE/COMPLETE PRIOR TO 4TH SCHEDULED CLASS DAY

- Take and pass the following written at the Texas Department of Public Safety office in Beaumont, TX
  - General knowledge
  - Vehicle inspection
  - Air brake

Revised: 9-17-2010
The doctor conducting the DOT Physical and Drug Screen will decide if the individual is physically qualified to drive a commercial vehicle according to the standards set forth by the Federal Motor Carrier Safety Regulations.

Each applicant will be notified as soon as possible concerning their acceptance status to the LIT-Professional Driving Academy. The tuition payment will not be collected until an individual has satisfactorily met all admission requirements and been officially accepted into the training program.

**Tuition**

**Cost:** $1,200 (includes books*)

*Books to be returned if course is dropped

Upon acceptance into the Academy and prior to the first class day, the tuition fee is due and payable to Lamar Institute of Technology. Payment may be made by check, money order, credit card, cash, or Letter of Intent from a current/prospective employer or other third party (such as Texas Workforce Commission, Texas Department of Assistive and Rehabilitation Services).

Prospective students whose tuition will be paid by an employer or third party must submit a Letter of Intent from the company/third party prior to the first class day stating that the company/third party will be paying the student's tuition for the course. The employer or third party will be invoiced for $1,200 upon receipt of the Letter of Intent.

An applicant's place in the class will not be guaranteed until the tuition fee is paid in full.

**Fees**

Each applicant will be personally responsible for paying the following fees to the appropriate parties:

- D.O.T Physical/Drug Screen (*payable to medical facility you choose*): $75-$100 (average)
- 3-Year Driving Record (*Payable to Texas DPS*): $6.00
- Class B CDL Learner's Permit (*payable to Texas Dept. of Public Safety*): $10.00
- Class B CDL (*payable to Texas Department of Public Safety*): $*

*The cost depends on the numbers of years remaining on current license

For more information, please call Marlon Hartman, Instructor/Coordinator for the L.I.T. Professional Driving Academy at (409) 839-2942, 880-8114, or 866-872-4682.
Placement Assistance

Placement assistance will be provided to qualified students after successful completion of the three-week training program. **THERE IS NO GUARANTEE OF EMPLOYMENT.**

Grants, Student Loans, Payment Plans

The L.I.T. - Professional Driving Academy does not accept grants, student loans, or payment plans for the $1,200 tuition fee.

There are some agencies in the Golden Triangle that have been sponsoring students that **meet their requirements** after going through their interview and application process. You may contact the following agencies for more information:

**Texas Department of Assistive & Rehabilitative Services (DARS)**
- Beaumont: 5550 Eastex Freeway, Suite D, Beaumont, TX 77708 Phone: (409) 898-3988
- Port Arthur: 5860 9th Avenue, Suite C, Port Arthur, TX 77642 Phone: (409) 962-8984

**Texas Workforce Solutions (TWS)**
- Beaumont: 304 Pearl Street, Beaumont, TX 77701-2411 Phone: (409) 839-8045
- Port Arthur: 3901 N Twin City Hwy, Port Arthur, TX 77642-2118 Phone: (409) 962-1236
- Orange: 320 Green Ave, Orange, TX 77630-5875 Phone: (409) 882-0302
- Silsbee: 1205 Highway 327 E, Silsbee, TX 77656-6007 Phone: (409) 385-9644

**Veterans**

Contact Adia Smith, Veterans Resource & Referral Specialist Phone: (409) 332-7428
3901 N Twin City Hwy, Port Arthur, TX 77642 adia.smith@twc.state.tx.us

**Items List for the First Day of Class**

- Pencils and erasers
- Six inch ruler
- Pocket calculator
- Social Security Card*
- Current Texas Class “B” Learner’s Permit*
- Texas Commercial Driver’s Handbook (you may obtain the handbook from Department of Public Safety)*
- Eye glasses, if you are required to wear them*

*Must have with you at all times while the duration of this course. You will not be allowed in class/truck without them.
DRIVING DIRECTIONS:

From I-10 (East or West): Take MLK exit of I-10 to the East Virginia exit; stay on the service road and turn left on the 2nd stop sign; go over MLK overpass and straight after the stop sign; turn right to the parking lot.

From South (Nederland, Port Arthur, etc.): Take Hwy. 69 North to Lamar University-Downtown exit; take the East Lavaca/Lamar University exit; make a right at the stop sign and go to the parking lot.

Alternate: Twin City Hwy. to MLK, then Lamar exit, as above.
TUITION REFUND POLICY

A student who withdraws from the program before the beginning of the fourth (4th) class day will receive a 70% refund ($840). Once the fourth (4th) class begins, there will be no refunds.

I certify that I have read and understand the Professional Truck Driving Academy refund policy.

_________________________________________  ___________________
Signature                                      Date

Revised: 9-27-10
QUESTIONNAIRE FOR TRUCK DRIVING APPLICANTS

PLEASE COMPLETE THE FOLLOWING:

1. Have you ever driven a Truck Tractor?  Yes ☐  No ☐
2. If so, what type of equipment? _________________________________________________________
3. For how long? ____________________________________________________________
4. Do you now possess a current Driver’s License?  Yes ☐  No ☐
5. Do you now possess a current CDL?  Yes ☐  No ☐
6. What are your plans for seeking employment upon completion of this course? (Check all that apply)
   ☐ I have a job offer
   ☐ I have a letter of intent from a company
   ☐ I do not have a job offer at this time
7. What are your goals within the trucking industry? _________________________________________
     ______________________________________________________________________
9. Are you presently employed?  Yes ☐  No ☐  If so, with whom? _____________________________
10. How many traffic violations have you received within the past 3 years? ______________________
    What type of violations? __________________________________________________________
11. How many accidents have you had within the past 5 years? ________________________________
12. Do you have a high school diploma?  Yes ☐  No ☐  If not, do you have a GED?  Yes ☐  No ☐
13. Do you have any disabilities that would affect you in the performance of your duties as a Truck Driver?  Yes ☐  No ☐
    If so, please explain: ______________________________________________________________
14. Are you presently taking prescription medicine?  Yes ☐  No ☐
    If so, please explain: ______________________________________________________________
15. Are you presently receiving workman compensation:  Yes ☐  No ☐
    If so, please explain: ______________________________________________________________
16. Have you ever been convicted of a felony?  Yes ☐  No ☐
REQUEST FOR DRIVING ABSTRACT

PLEASE PRINT:

NAME: __________________________, __________________________, __________________________
         LAST               FIRST               MIDDLE

ADDRESS: ____________________________________________________________
         ____________________________________________________________

MAILING: ____________________________________________________________
         ____________________________________________________________

HOME PHONE: ___________________ WORK PHONE: ___________________

DATE OF BIRTH: ______________________________

SOCIAL SECURITY NUMBER: ______________________________

DRIVING LICENSE NUMBER: ______________________________

STATE ISSUED: ______________________________

I HEREBY GRANT PERMISSION FOR THE L.I.T. - PROFESSIONAL DRIVING ACADEMY TO REVIEW AND RETAIN A COPY OF MY DRIVING ABSTRACT FROM THE STATE DEPARTMENT OF MOTOR VEHICLES.

_________________________           ________________
SIGNATURE                      DATE
REQUEST FOR D.O.T. PHYSICAL RESULTS

PLEASE PRINT:

NAME: _______________________, _______________________
      LAST       FIRST       MIDDLE

ADDRESS: ____________________________________________________________
                  ____________________________________________________________

MAILING: ____________________________________________________________
                  ____________________________________________________________

HOME PHONE: ___________________ WORK PHONE: ___________________

DATE OF BIRTH: __________________________

SOCIAL SECURITY NUMBER: _______________________

DRIVING LICENSE NUMBER: _______________________

STATE ISSUED: _______________________

I HEREBY GRANT PERMISSION TO RELEASE RESULTS OF MY DEPARTMENT OF
TRANSPORTATION PHYSICAL AND DRUG SCREEN TO THE
L.I.T. - PROFESSIONAL DRIVING ACADEMY.

_________________________________   _______________________
SIGNATURE                              DATE
I have read and understood the admission requirements and refund policy of the L.I.T - Professional Driving Academy.

I agree to allow L.I.T. and/or the Professional Driving Academy to release my grades and attendance records to prospective employers.

I have read and understood that the L.I.T. - Professional Driving Academy will not be responsible for any employment rejections due to my past driving record, including felonies, driving under the influence, driving while intoxicated, drug convictions, or citations.

________________________________________  __________________
Signature                                    Date
CONTINUING EDUCATION ENROLLMENT FORM

The following information is REQUIRED by the STATE OF TEXAS and will be kept confidential and secure at all times.

Certificate of Completion will be may be denied due to failure to provide complete information.

PLEASE PRINT:

Date: ____________________________

Name: ___________________________, __________________________, __________________________

Social Security No.: _______/_____/_______ Date of Birth: Month ______ Day ______ Year ______

Sex: □ Male □ Female

Ethnic Origin:

□ Hispanic or Latino Origin □ Not Hispanic or Latino Origin □ Decline to Answer

Race Group:

□ White □ Black or African American □ Asian □ American Indian or Alaskan Native □ International

□ Unknown □ Native Hawaiian or Other Pacific Islander

Permanent Address:

Street & Number ____________________________________________

City ________________________ County ______________________ State ___________ Zip ______________

Home Phone ____________________ Cell Phone ____________________ Work Phone ____________________

E-Mail Address: ____________________________________________

Mailing Address: (Fill-out if different from permanent address)

Street & Number or PO Box ____________________________________

City ________________________ State ______________________ Zip ______________

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<th>Please Answer (Optional)</th>
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<td>Are you academically disadvantaged?</td>
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<td>Are you economically disadvantaged?</td>
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<td>Are you a single parent?</td>
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<td>Have you ever attended Lamar Institute of Technology?</td>
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