

Virginia Community College CDL CURRICULUM APPLICATION

Purpose: Use this form to apply for DMV approval to offer CDL Three Times Test Failure course.

Instructions: Return completed form with copy of course curriculum to the Commercial Licensing Work Center at the above address.

CONTACT INFORMATION

CONTACT PERSON FULL LEGAL NAME (if different from above) (print) (last) (first) (middle) (suffix)					TITLE
BUSINESS EMAIL ADDRESS			TELEPHONE NUMBER	FAX NUMBER	

REPRESENTATIVE INFORMATION (authorized to act on behalf of community college)

REPRESENTATIVE FULL LEGAL NAME (print) (last) (first) (middle) (suffix)					TITLE	TELEPHONE NUMBER
MANAGER/ADDITIONAL REPRESENTATIVE FULL LEGAL NAME (print) (last) (first) (middle) (suffix)					TITLE	TELEPHONE NUMBER

COMMUNITY COLLEGE INFORMATION

NAME OF COMMUNITY COLLEGE				
BUSINESS ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from above)		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER (if applicable)	BUSINESS EMAIL ADDRESS (if applicable)	WEBSITE ADDRESS (if applicable)	

CERTIFICATION

I hereby make application for approval of a commercial driver education curriculum for three times test failure in accordance with § 46.2-314.14(E) of the Va. Code. I understand that, if approved, I am subject to current statutes and or regulations pertaining to the curriculum vendor. By signing this document, I certify that I am a designated representative of the Community College. I agree to abide by the terms and conditions specified in the statutes. Either party may terminate this agreement by giving written notice within 30 working days.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

APPLICANT NAME (print)	APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
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DMV USE ONLY

APPLICATION APPROVED DATE (mm/dd/yyyy)	APPLICATION DENIED DATE (mm/dd/yyyy)
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