

NEW – REVISED

CDL Class A or B



This course covers the rules & regulations of the Federal Motor Carrier Administration, classroom training, hands on, behind the wheel training, & test at Department of Motor Vehicles with Hibbing Community College vehicle.

Classroom Training

***Hibbing Community College – Room L34
Monday, Tuesday, Wednesday, Thursday
May 8 – 25, 2017***

8:00 am – 2:00 pm

Behind the Wheel & Simulator

Times Arranged @ Hibbing Community College

CLASS A

• 110 hour Training • \$3,200 (includes classroom, simulator, behind the wheel and fuel charges)

CLASS B

• 75 hour Training • \$1,500 (includes classroom, simulator, behind the wheel and fuel charges)

Register through AdvancedMN – Hibbing Community College

Call (218) 262-6785, or email mary.brandt@advancedmn.org

****Early registration is important!****

8 Steps to Obtain A CDL Class A or B License

(Must be completed in the order listed)

1. Complete and return Student Vehicle Use Agreement (next page) for the State of Minnesota. Return to Mary Brandt at mary.brandt@advancedmn.org, FAX 218.262.7288 or mail to: Mary Brandt, AdvancedMN, 1515 East 25th Street. Upon verification of this form – proceed to step 2. You must have a valid driver’s license.
You must receive an “acceptable” rating on this application to participate in any CDL class. Proceed to step 2.
2. Pass a DOT physical exam, by a DOT physician, check with your clinic.
3. DOT Drug Screening – administered at Fairview Range JobCare, Hibbing, 218.312.3017 or Northern Drug Screening, Grand Rapids, 218.326.2277. Bring photo ID to drug screening.
4. Send registration form to Mary Brandt mary.brandt@advancedmn.org or Fax to: 218.262.7288.

ALL OF THE ABOVE MUST BE COMPLETED

(in the order listed)

PRIOR TO ATTENDING THE CLASS

5. Attend Classroom Sessions (60 hours). May 8 - 25, 2017, 8:00 am – 2:00 pm.
6. Valid CDL Permit. ***As of July 1, 2015***, you must bring a ***Proof of Citizenship***, Certified Birth Certificate or Passport. ***Bring your DOT medical card to the permit testing.***
Manual: <https://dps.mn.gov/divisions/dvs/forms-documents/Documents/CDLManual.pdf>
CDL permit may be obtained prior to class or you must take it by the end of the second week of classroom training.
7. Complete simulator & behind the wheel training (Class A – approximately 10 hours simulator and 40 hours behind the wheel, Class B – approximately 5 hours simulator and 10 hours behind the wheel). Simulator and behind the wheel training time is arranged between the instructor and the student.
8. Successfully complete the practical skills testing with the MN Department of Public Safety.

Contact Mary McCauley Brandt

218.262.6785 (office)

mary.brandt@advancedmn.org

Minnesota State Colleges and Universities Student Vehicle Use Agreement

Year 2016-2017

The information you are being asked to provide will be used by Hibbing Community College personnel to determine your qualification to drive vehicles on state business. You are not required by law to provide this information but if you do not do so you will not be approved to drive vehicles on state business.

The information on this form will be accessible to your supervisor and other system personnel who need the information for their assigned work. Your Driver's License Number may be used to obtain a driver's license record from the department of Motor Vehicles for each state where you have held a driver's license in the past five years.

The completed form should be returned to the individual designated. Be advised that processing and approval may take 7-10 working days. Vehicles may not be driven until you are notified of approval.

Department/Sport: Advanced Minnesota/ Customized Training Instructor: Mary Brandt

Drivers Name: Last: _____ First: _____ Middle: _____

Driver's License Number: _____ Issued by the State of _____

Date of Birth _____ Expiration of license _____ Phone Number _____

Drivers' Responsibilities:

Driver agrees to:

- A. Be familiar with the State's and agency's Drivers' License and Record Check policy.
- B. Maintain an active, valid/appropriate driver's license.
- C. Notify the supervisor no later than the beginning of your next shift after losing your driver's license through suspension, revocation, cancellation, disqualification or expiration.
- D. Abstain from driving a state vehicle and/or on state-owned or leased property if you do not have an active, valid/appropriate driver's license.
- E. Drive responsibly and adhere to all traffic laws.
- F. Maintain liability insurance on your own vehicle if you use it for work purposes. (Liability insurance is required for vehicles per MN Statute 65B.48 Subd.1.)

I acknowledge that I have read and understand the Drivers Responsibilities noted above, and agree to abide by such policies and guidelines.

I AUTHORIZE Hibbing Community College TO OBTAIN MY DRIVERS LICENSE RECORD FROM ANY STATE WHERE I HAVE HELD A DRIVER'S LICENSE IN THE LAST 5 YEARS. I ALSO UNDERSTAND THAT MY DRIVERS LICENSE RECORD MAY BE OBTAINED AND REVIEWED ANNUALLY IN CONJUNCTION WITH THIS VEHICLE USE AGREEMENT.

I agree to update this Agreement in the event of a change to any of the data supplied above. I also agree to inform my supervisor in the event of license revocation, restriction, or suspension.

Applicant's Signature

Date

Commercial Driver's License Training (CDL)

Registration Form

Class A

Classroom 60 hours
Simulator/Behind the Wheel 50 hours
Cost: \$3200*

Class B

Classroom 60 hours
Simulator/Behind the Wheel 15 hours
Cost: \$1500*

Classroom Training for Class A & Class B (60 hours):

Monday – Thursday, May 8 – 25, 2017
8:00 AM – 2:00 pm

Simulator & Behind the Wheel:

Class A – approximately 10 hours simulator and 40 hours behind the wheel,
Class B – approximately 5 hours simulator and 10 hours behind the wheel).

Behind the wheel training time is arranged between the instructor and the student.

All classes are held at Hibbing Community College – Room L34.

CDL Registration Form:

Name: _____ Date of Birth: _____
Home Address: _____
Work Address: _____
Business Name: _____ Email: _____
Home/Cell Phone: _____ SSN: _____

Vehicle Use Agreement DOT Physical Exam Drug Screening

Payment Information:

- Enclose a check made payable to AdvancedMN, Hibbing Community College, 1515 East 25th Street, Hibbing, MN 55746
- Business Purchase Order Attached Dislocated Worker Funded, counselor _____
- Please charge my: Visa Mastercard Discover
- Account #: _____ Exp. Date: _____
- Cardholders Name: _____ Signature: _____

**If additional drive time hours are needed there may be an additional hourly fee.*

Questions: Contact Mary McCauley Brandt 218.262.6785 (office)
mary.brandt@advancedmn.org