GET YOUR CDL

COMMERCIAL DRIVER'S LICENSE
CLASS A OR B

Next Class at Itasca Community College

Interested? Contact Mike @ 218-322-2459 or info@advancedmn.org

DATE: APRIL 30 - MAY 16, 2020

In a few short weeks you will be instructed on the information and driving skills necessary to successfully pass your CDL license exam given by the Minnesota Department of Motor Vehicles.
CDL CLASS AT A GLANCE

CDL Class Starts: April 30, 2020

Location of Classroom Training: Itasca Community College. Johnson Hall Room 115

Days of Classes: Thursdays, Fridays, Saturdays. Class is a three-week 60-hour course

Dates:
April 30, 5pm-10pm
May 1, 5pm-10pm
May 2, 8am-5pm

May 7, 5pm-10pm
May 8, 5pm-10pm
May 9, 8am-5pm

May 14, 5pm-10pm
May 15, 5pm-10pm
May 16, 8am-5pm

Behind the Wheel scheduled time: One on one with instructor is arranged between the instructor and the student.

Total Behind the Wheel hours:
Class A: 40-50 hours Behind the Wheel and CDL license testing
Class B: 25 hours Behind the Wheel and CDL license testing

Tuition: Class A $4,995   Class B $2,495

For more information:
Mike Knapp, Program Coordinator 218-322-2459
Advanced Minnesota Office: 218-262-7270
Email: mike.knapp@advancedmn.org   Fax: 218-322-2331
You Have Questions ... 
We Have Answers!

Four frequently asked questions about our CDL Program

Q1: What is the difference between Class A CDL and Class B CDL? Which one should I consider?
A: The difference between these two types of licenses lies in the weight of the vehicles driven. While a CDL is a license for vehicles that have a GVWR of over 26,001 or more, each class has a specific type of vehicles that a holder is legally allowed to drive. Class A CDL holders can drive any type of vehicle. By definition, a Class A CDL holder can drive a commercial motor vehicle that is towing a trailer that is more than 10,000 pounds. A Class B CDL holder, on the other hand, is only allowed to drive a commercial motor vehicle towing a trailer that is less than 10,000 pounds. This means that a Class A CDL holder can drive all vehicles including Class B ones while a Class B CDL holder can drive all vehicles except Class A ones.

Q2: How does the CDL class differ between the two classes?
A: The class time portion is the same. The main difference is the number of behind the wheel (BTW) driving hours and simulator time (HCC location only) and the type of truck you will drive with your instructor.

Q3: OK, I want to take the class. How do I enroll and what do I need to do?
A: There are some new changes in registration starting in 2020. Please follow these steps:
1) Fill out the registration form and the Student Vehicle Use Agreement. Scan or attach pdfs to email to mike.knapp@advancedmn.org as soon as possible. Please review all the information pdf packet that comes with the form.
2) Confirm your payment. Payment should be made to Advanced Minnesota at the address on the registration form no later than 24 hours before class begins. If you are a business paying for an employee, please call our business office at 218-262-7270 for invoicing. If you are applying for a workforce grant, please indicate on the registration as well as the employee counselor’s name. Grants must be confirmed the by the counselor by Advanced Minnesota before class begins.
3) You will be asked to obtain a 5-panel drug screen and a DOT medical exam once you have passed your CDL permit. You will be informed by the instructor of the time and location of your test/exam. These are included in your tuition. Any drug screen performed prior to obtaining your CDL permit will not be accepted.

Q4: Do I need to have my CDL permit before class starts?
A: No, but feel free to take the exam before class begins. We will cover the permit test during the first week of class. You must pass your CDL permit exam (done on your own time) before you start your BTW (behind the wheel) driving.

Still Have Questions?
For more information please contact Mike Knapp @ mike.knapp@advancedmn.org or 218-322-2459
Entry Level Commercial Drivers’ License (CDL) Training Certificate Program Registration Form

Please return this form immediately for prompt processing. Availability of your seat in class is first come, first served

Note: Class will be cancelled if there are insufficient number of students

Class Location: ________________ Class Dates: ____________

Class Selection: (check choice) A B

Price: Class A $4,995.00 Class B $2,495.00

Name: _______________________________ Date of Birth: ____________
Home Address: ________________________________
Work Address: ________________________________
Business Name: ______________________________ Email: ______________________________
Home/Cell Phone: _____________________________ SSN: ____________________________

Payment Information:

☐ Enclose a check made payable to Advanced MN, c/o Hibbing Community College, 1515 East 25th Street, Hibbing, MN 55746. Payment must be made no later than 24 hours of first day of class.

☐ Business Purchase Order Attached Grant: ☐ Dislocated W ☐ WIOA/Other
Employment Counselor’s Name ________________________________

☐ Please charge my: ☐ Visa ☐ Mastercard ☐ Discover
Account #: ______________________________ Exp. Date: ____________ 3 digit code: __________

Cardholders Name: __________________________ Signature: __________________________

Please contact our offices directly for submitting credit card information at 218-262-7270

Questions? Contact Mike Knapp 218.322.2459 (office) mike.knapp@advancedmn.org
Minnesota State Colleges and Universities
Student Vehicle Use Agreement
Year 2019-2020

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: Jeff Rood

Drivers Name: Last: ___________________________ First: ___________________________ Middle: ______

Driver’s License Number: ___________________________________________ Issued by the State of _______

Date of Birth_________          Expiration of license_________          Phone Number________________________

Email __________________________________________________________

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