

CDL Class A - Proficiency Program Application

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

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: _____

Are you willing to receive Text Messages? ____ Yes ____ No

Email: _____ Date of Birth: _____ Gender: _____

Do you have a current CDL Permit? ____ Yes ____ No

Permit information: Permit #: _____ Date issued: _____ Expiration: _____

Emergency Contact: _____ Telephone: _____

Program Start Date: _____

How would you like to take your Theory Knowledge classes (Select One)

_____ 40-hour Classroom or _____ 40-hour Online Module Learning

Terms of Payment

CNS Driver Training Center of PA requires all students to pay a 50% down payment before beginning the enrollment into the program. The student will pay the remainder of the balance before the start of the 1st training session to meet the pay in full option.

Students have the option to do a 6-month payment plan. This plan is 10% more than the pay in full option. The chart below breaks down how all the fees and options are calculated. There are fees for tuition, books and materials, and the other fees (Drug test, DOT physical and clearinghouse)

Students have the opportunity to earn credits for having their Permit, completing the Online theory from an approved vendor, DOT physical and clearinghouse completed prior to enrollment.

Schedule of Fees:

- Total Hours = 92
- Total Weeks per program
 - Full Time - 4 weeks
 - Distance learning - 5 weeks
- Tuition = \$5004.00
- Books and Materials = \$150.00
- DOT Physical Examination = \$80.00 (paid to CNS Occupational Medicine)
- 3-Year Motor Vehicle record = \$14.00 (paid to Compliance Navigation Specialists)
- DOT Drug Test = \$67.00 (paid to Compliance Navigation Specialists)
- Potential Credits
 - CDL A 1001 - CDL A Preparation
 - 8 hours
 - \$158.00
 - Completion of CNS Driver Training Center of PA Online Theory Knowledge or an online theory Knowledge training program from an approved vendor.
 - 40 Hours
 - \$200.00
- CDL Test (included)

Payment Options:

- 6-Month Payment Plan
 - Payment Plan Fee = 10% of the program tuition
 - 6 payments due the first day of each month preceding enrollment in the plan for 6 months
 - Initial down payment will be 50% of the tuition, Books and Materials, DOT Physical Examination, 3-Year Motor Vehicle Record and the DOT Drug Test.
 - Total = \$2809.00
 - 6-month Payment Plan Breakdown
 - 50% of Program Tuition cost without Credits = \$2502.00
 - 10% Interest = \$250.20
 - Total cost with 6-month payment plan fee (excluding down payment) = \$2752.20
 - Total Monthly payment plan fee per month for 6 months = \$458.70
- Pay in Full (before any course begins)
 - 50% of total program fees paid before enrollment into the program
 - Final 50% owed before the start of the 1st training session attended.

CNS Driver Training Center of PA accepts 3 forms of payment, Credit card (Visa, MasterCard or Discover), Check and Cash. A receipt of payment will be provided at time of payment.

Graduation

The CDL Class A- Proficiency Program requires 92 clock hours in a 4-week time frame to complete the program in a full time enrollment status and a 5 week time frame to complete in a distance learning option. All graduates will receive a diploma.

Cancellation and Refund Policy

A 100% refund is provided if the student requests a cancellation within 5 calendar days after signing the enrollment agreement or, the student never began any of the training courses. Refunds are processed in 7-10 business days from the date of the approved refund. The approval of refund is determined by the VP of Operations.

Refund Policy is based on the total clock hours of the program using the following percentages:

- (1) For a student completing up to and including 10% of the total clock hours, the school shall refund 90% of the total cost of the program.
- (2) For a student withdrawing from or discontinuing the program within the first 25% of the program, the tuition charges refunded by the school shall be at least 55% of the total cost of the program.
- (3) For a student withdrawing or discontinuing after 25% but within 50% of the program, the tuition charges refunded by the school shall be at least 30% of the total cost of the program.
- (4) For a student withdrawing or discontinuing after 50% of the program, the student is entitled to no refund.

Complaint Procedure

The program VP of Operations may be contacted with any concerns and complaints 717-496-9145. CNS Driver Training Center of PA is a licensed School by the board and all questions or concerns that are not satisfactorily resolved by the person designated above may be brought to the attention of the State Board of Private Licensed Schools, Pennsylvania Department of Education, 333 Market Street, 12th floor, Harrisburg, PA 17126-0333.

Job Placement and Student Services

CNS Driver Training Center of PA partners with their sister companies, Compliance Navigation Specialists Inc to provide access to their extensive job board for entry level drivers. Also, the entry level driver (ELD) will work directly with a driver specialist to complete their driver qualification file and setup their FMCSA clearinghouse account to help better place them in a new career. CNS Occupational Medicine is onsite and has appointment time slots for entry level drivers to complete the DOT Physical and complete the appropriate submission for certification with the CNS Licensing Center. There is monthly CDL driver career fairs in which is accessible to all current and past trainees for job placement. CNS does not guarantee any job upon completion of the CDL Class A- Proficiency Program.



717.496.9145
151 Koser Road Lititz, PA 17543
cnstrains.com

By signing below, the student certifies they have read and understand and received the terms of the enrollment agreement and the information publication catalog. They are enrolling into the training school program. This agreement is not binding until it is accepted by a representative of CNS Driver Training Center of PA.

Signature: _____ Date: _____

CNS Driver Training Center of PA Representative:

Signature: _____ Date: _____