Kilgore College Course Registration Form

The Kilgore College Transportation Institute trains individuals who are either new to the field of commercial driving or experienced drivers who need to enhance or reinforce skills.

The student selects one of two areas of study:

• Commercial Driver’s License (CDL) Class “A” $4,250
  For individuals new to the transportation industry. Five-week program, Monday – Friday, 8:00 am – 5:00 pm.

• Fast Track CDL $3,875
  For individuals who have a Commercial Learner’s Permit and need current driving hours and a vehicle in order to take the driving test. Four-week program, Monday – Friday, 8:00 am – 5:00 pm.

Admission Requirements

• Registration Form
• 18 years old minimum age to obtain a CDL.
• Copy of clean driving record obtained through the Texas DPS office with 10 years of driving history.
• DOT (Department of Transportation) Physical with medical card.
• WorkKeys Assessments
  1. Workplace Documents
  2. Graphics Literacy
  3. Applied Mathematics
    Call 903-983-8683 to schedule WorkKeys testing at the Kilgore College, Kilgore location for a fee of $50.00. Kilgore residents may be eligible for this fee to be waived. This fee may also be waived at the Longview campus for Longview residents. This test is administered on Tuesdays at 2 pm and Thursdays at 9 am. A picture ID is required. Call 903-236-2051 for more information.

Location of Training: Whitten Applied Technology Center
1306 N. Henderson Blvd. Kilgore, TX 75662

Payment is due at the time of registration. These courses are not eligible for financial aid through Kilgore College.

Contact Information: Kilgore College Workforce Development-Continuing Education
Physical Address: Whitten Applied Technology Center, 1306 S. Henderson Blvd., Kilgore TX,
Robert Horn
Room 109
Telephone: 903-988-7576
Email: rhorn@kilgore.edu
Fax: 903-983-8132

Suggested material for the class:
Safety Glasses
Work Gloves
Flash Light
Rain Gear
Registration will be accepted only if class space is available when it is received. Payment is due at registration.

Date: ______________________________

SS#: __________________ - __________________
In order to help us protect your Social Security number, the college computer system will convert your SS# into your student ID# for your record.

Student ID #: __________________ - __________________

Name: 
(Last Name) __________________ - (First Name) __________________ (Middle Initial) __________________

Mailing Address: __________________ County: __________________
City: __________________ State: ______ Zip: ________

Home Phone: (____) ________ - ________ Business or Cell Phone: (____) ________ - ________

Email: __________________

Date of Birth: ________ / ________ / ________

Gender: ______ Male ______ Female

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

1. Are you Hispanic or Latino? (Are you a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race?)
   __ Yes
   __ No

2. Please select the racial category or categories with which you most closely identify. Check as many as apply:
   __ American Indian or Alaska Native
   __ Asian
   __ Black or African American
   __ Native Hawaiian or Other Pacific Islander
   __ White

This section for CDL Candidates only

Does your driving record prevent you from getting a Class “A” license? Check with DPS. If so, this will eliminate you from the Transportation Certificate.

DL# ___________________ State _____________

Current Type of License: ________ Current CDL Permit: ___Yes ___ No Endorsements: ___Yes ___ No

If you answered Yes to Endorsements, please list: ______________________________

Convicted of a Felony or Misdemeanor? ___ Yes ___ No If yes, please give dates and explain:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

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KC Transportation Institute Certificate ~ Release of Liability

RELEASE OF LIABILITY FOR ___________________________________________  (Student Name)       (Student ID number)
I, ___________________________________________, a student of Kilgore College (KC), hereby acknowledge that I have registered for
the KC Commercial Transportation Institute Certificate course (referred to herein as KCTI) at Kilgore College for the time period of
________________________. The term KC also includes its trustees, employees, instructors, agents and assigns.

I fully understand and agree that certain elements of KCTI are physically and emotionally demanding and that by participating in
KCTI activities, there are risks of accidental or other physical or emotional injury. These risks may include, but are not limited to, loss
or damage to personal property or death due to (1) travel to and from course activities, (2) the condition of facilities where the
KCTI activities will occur, and/or (3) potential criminal activity in the area of the KCTI activities, among others. I agree to advise the
KCTI instructor at any point when I question my ability to participate in any activity related to KCTI.

I have fully investigated the nature of KCTI and the KCTI activities and I understand and assume the risks of my participation in
them. I further represent that I do not possess, nor am I aware of, any physical or mental disabilities which will limit my participation
in the KCTI activities, or that I have asked for and received reasonable accommodation, allowing me to participate in KCTI and the
KCTI activities.

I EXPRESSLY AGREE AND INTEND THAT MY PARTICIPATION IN THE KCTI ACTIVITIES SHALL BE
UNDERTAKEN BY ME AT MY OWN RISK AND THAT KC SHALL NOT BE LIABLE FOR ANY INJURIES, DAMAGES,
CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN
CONNECTION WITH MY PARTICIPATION IN THE KCTI ACTIVITIES, WHETHER FROM ACTS OF ACTIVE OR
PASSIVE NEGLIGENCE ON MY PART, OR THE PART OF KC FOR ANY SUCH INJURIES, DAMAGES, CLAIMS,
DEMands, ACTIONS OR CAUSES OF ACTION.

IN EXCHANGE FOR MY PARTICIPATION IN KCTI, IT IS, THEREFORE, MY SPECIFIC EXPRESS INTENT THAT
IN THE EVENT THAT KC SHOULD CAUSE, EITHER DIRECTLY OR INDIRECTLY, LOSS, DESTRUCTION
(INCLUDING DEATH), LIABILITY, OR CLAIMS AGAINST ME AS A RESULT OF INTENTIONAL CONDUCT,
NEGligence OR OTHERWISE, I WILL HOLD KC HARMLESS AND INDEMNIFY KC FROM ANY AND ALL
OBLIGATIONS, LIABILITIES, CAUSES OF ACTION, LAWSUITS, DAMAGES, AND ASSESSMENTS, INCLUDING
LEGAL FEES AND COSTS, THAT RESULT FROM KC’S INTENTIONAL ACTIONS OR NEGLIGENCE.

THE TERMS OF THIS RELEASE OF LIABILITY ARE TO BE GOVERNED BY AND CONSTRUED UNDER THE LAWS
OF THE STATE OF TEXAS. SHOULD ANY TERM OR PROVISION OF THIS RELEASE OF LIABILITY BE FOUND TO BE
UNENFORCEABLE TO THE MAXIMUM EXTENT PERMITTED BY LAW, THE BALANCE OF THIS RELEASE OF
LIABILITY SHALL REMAIN IN FULL FORCE AND EFFECT. I AGREE THAT EXCLUSIVE VENUE FOR ANY DISPUTE
ARISING BETWEEN KC AND ME INVOLVING THIS RELEASE OF LIABILITY IN ANY WAY SHALL BE IN GREGG
COUNTY, TEXAS.

ACCEPTED AND AGREED:

By: ___________________________________________  Date:  _____________________________________
Signature of student

_____________________________________________________________  Phone:  ____________________________________
Printed Name

Address     City   State                                                             Zip Code
Student Acknowledgement
Transportation Institute

I _____________________________ understand that there is a difference between having a clean driving record and my driving history. If my driving record is clean and I take and pass all the required tests, I can receive a Class “A” CDL license.

I _____________________________ also understand that driving history can prevent getting employment because an employer may check driving history before offering a position.

____________________________  ______________________________
Signature                    Date

____________________________  ______________________________
Witness                    Date