

Truck Driving

The Truck Driver Training program prepares students to pass the Commercial Driver's License (CDL) test. The program includes instruction in Department of Transportation (DOT) regulations, as well as, logging procedures required by DOT and the trucking industry. The course provides actual experience in backing, driving on secondary roads, interstate roads, highways, and city streets. Students may apply to the program without their CDL permit, but **MUST** obtain a CDL Class A permit prior to the start date of their class from the Tennessee Department of Safety.

Program/Location	Length	Days	Time
Day Program/ Knoxville Campus	7 Weeks	Monday-Friday	8:00am—2:30 pm

Course Outline

Orientation and Organization
 Public Relations
 Preparation for CDL and Endorsement Test
 Map Reading
 DOT Regulations and Logging
 Safety
 Freight Documents
 Coupling and Uncoupling
 Backing
 Road Driving
 Weather and Road Conditions
 Vehicle and Vehicle Component Orientation

Typical Job Opportunities

Tractor Trailer Truck Driver-Long Haul
 Tractor Trailer Truck Driver-Regional
 Tractor Trailer Truck Driver-Local

Diploma & Required Clock Hours

Tractor Trailer Truck Driver—222

Total Completion Rate 2015: 89%

Total Placement Rate 2015: 100%

Licensure Exam Pass Rate 2015: 100%

HOW TO APPLY

All Documents Must be Presented Together to Apply

- 1. Financial Aid—Provide Proof of Completed FAFSA, School Code = 004025**
- 2. Immunizations—Provide Proof of Required Immunizations (Form is Attached)**
- 3. Copy of valid Drivers License**
- 4. Provide proof of official transcripts of education from high school, high-school equivalency or other colleges and universities.**
- 5. Complete Department of Transportation Physical (DOT Physical)**
- 6. Copy of Motor Vehicle Record (MVR)**
- 7. Proof of U.S. Citizenship or Lawful Permanent Residency**
- 8. Complete TCAT Application for Enrollment (Form is Attached)**

**Obtain CDL Permit before class starts*

How to Apply to the Truck Driving Program at TCAT Knoxville

All Below Materials Must be Submitted Together to Apply

1. Provide proof of completed **Financial Aid** application (FAFSA) – Must be completed online at <https://fafsa.ed.gov/> (See Financial Aid Packet) - School code is 004025.
2. Provide proof of **vaccinations** (Form included in this packet)
3. Copy of **valid Drivers License**.
4. Provide proof of **official transcripts of education** from high school, high-school equivalency or other colleges and universities.
5. Complete a **Department of Transportation Physical (DOT Physical)**—A DOT physical examination must be conducted by a licensed “medical examiner”. To schedule this you may contact your primary care provider to schedule an appointment but be sure you request a DOT physical since it is specific to the industry. The Federal Motor Carrier Safety Administration’s (FMCSA) form called the Medical Examination Report for Commercial Driver Fitness Determination is used for the DOT physical and does evaluate if an individual is physically qualified to drive a motor vehicle. In some cases a Skill Performance Evaluation (SPE) Examination may be required with the DOT physical. For more information please refer to the Federal Motor Carrier Safety Administration at <http://www.fmcsa.dot.gov/>.
6. Provide copy of your Driving Record called **MVR Report** for last three years. The MVR is an official copy of your driving record and can be obtained by one of the following methods:

Go to a Driver Service Center. Cost: \$5 and you will need driver name, birth date, and TN driver license number. If you want someone else to obtain a copy of your MVR for you, you must submit a notarized statement authorizing that person to obtain the record.

Go Online to website <https://apps.tn.gov/pmvr/>. Cost: \$7 - credit/check card (Visa, MasterCard, American Express, Discover). You cannot use a prepaid card. You will need driver name, birth date, and TN driver license number. You will also need a computer to print or save your MVR.

Request By Mail: Cost: \$5 - send cashier's check or money order payable to Tennessee Dept. of Safety & Homeland Security include driver name, birth date, and TN driver license number. Allow two weeks from the mailing date to receive the driver record. Mail your request to: Tennessee Department of Safety & Homeland Security, MVR Request, PO BOX 945, Nashville, TN 37202.

7. Provide proof of **U.S. Citizenship or Lawful Permanent Residency One of the Following:**

Official Birth Certificate issued by a U.S. state, jurisdiction, territory or the U.S. Government

U.S. Certificate of Birth Abroad

Valid unexpired U.S. Passport

Certificate of Naturalization (N550, N570 or N578)

Certificate of Citizenship (N560 or N561)

Foreign Passport stamped by the U.S. Government indicating that the holder has been "Processed for I-551"

U.S. Citizen Identification Card (I-197, I-179)

INS I-551 Permanent Resident Alien Card

8. Complete **TCAT Application for Enrollment** (Form included in this packet)

Obtain **CDL Permit** (before the start of class) - Applicants may be placed on the waiting list before obtaining their permits.

****All truck driving applicants must have their CDL permit before they are allowed to start the program.***

The CDL Permit is obtained by taking and passing the general knowledge test at full-service driver service centers throughout the state.

Note: applicants must be at least 21 years of age by Truck Driving program start date.



Truck Driving

Tuition, Book, Tool, and Supply List

1st Trimester				
Prior to Registration Cost		Cost	Required	Total
Drug Screen (will be scheduled by TCATK)		\$ 50.00	x	
CDL Permit		\$ 15.00	x	
TOTAL				\$50.00
Tuition		Cost		Total
Tuition (222 hours) *		\$1,019.00		
Technology Access Fee*		\$ 67.00		
Student Activity Fee*		\$ 10.00		
Truck Driving Course Fee		\$ 300.00		
Liability Insurance		\$ 456.00		
TOTAL				\$1,852.00
Books	ISBN	Cost	Required	
Motor Carriers' Road Atlas	9780528015717	\$ 20.00	x	
2 Driver's Daily Logs	9780323353205	\$ 6.00	x	
TOTAL				\$26.00
Miscellaneous Costs	Needed By	Cost	Required	
CDL License (last week of class)	First day of class	\$ 55.00	x	
Graduation Supplies	First day of class	\$ 40.00	x	
TOTAL				\$95.00
TOTAL PROGRAM COST				\$2,023.00

Trimester	Course Start Date	Course End Date	Days
Fall 2016	September 6, 2016	October 28, 2016	37
Fall 2016	October 31, 2016	December 22, 2016	37
Spring 2017	January 4, 2017	February 24, 2017	37
Spring 2017	February 27, 2017	April 26, 2017	37
Summer 2017	May 1, 2017	June 21, 2017	37
Summer 2017	July 10, 2017	August 29, 2017	37
Fall 2017	September 5, 2017	October 27, 2017	37
Fall 2017	October 30, 2017	December 21, 2017	37

TCAT - Knoxville Certification of Immunization Measles, Mumps, and Rubella (MMR)

Student's name: _____ Program of Enrollment: _____

PART I (TO BE COMPLETED BY STUDENT)

Proof of MMR immunization is not required for the following reason:

- I graduated from a Tennessee public or private high school in 1999 or after. (transcript attached)
- I attended a Tennessee public or private high school in 2001 or after. (transcript attached)
- I was born prior to January 1, 1957. (copy of photo ID or birth certificate attached)
- I am active duty or former military personnel. (copy of DD214 or active military ID attached)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART II (TO BE COMPLETED BY STUDENT)

Proof of MMR immunization is not required for the following reason:

- I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART III—MMR (TO BE COMPLETED BY PHYSICIAN)

Please circle the number that applies to this patient:

1. Patient has received two doses of measles vaccination since the age of 12 months:

Month/year _____ Month/year _____

2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)

3. Patient had disease, as confirmed by medical record:

Month/year _____

4. Patient is immune to disease, as confirmed by laboratory.

Comment _____

ATTEST

(Must be signed by an M.D. or D.O.)

Name of physician (Please print) _____

Office telephone _____

Physician's signature _____ Date _____

Student's signature _____ Date _____

TCAT - Knoxville Certification of Immunization Varicella (Chicken Pox)

Student's name: _____ Program of Enrollment: _____

PART I (TO BE COMPLETED BY STUDENT)

Proof of varicella (chicken pox) immunization is not required for the following reason:

- I attended a Tennessee public high school between 1999 and May 2016. **(Must provide proof of second varicella vaccine dose from your physician office.)** (transcript attached)
- I was born prior to January 1, 1980. (copy of photo ID or birth certificate attached)
- I am active duty or former military personnel. (copy of DD214 attached)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART II (TO BE COMPLETED BY STUDENT)

Proof of varicella (chicken pox) immunization is not required for the following reason:

- I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART III—VARICELLA (TO BE COMPLETED BY PHYSICIAN)

Please circle the number that applies to this patient:

1. Patient has received two doses of varicella (chicken pox) vaccination since the age of 12 months:

Month/year _____ Month/year _____

2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)
- _____

3. Patient had disease, as confirmed by medical record:

Month/year _____

4. Patient is immune to disease, as confirmed by laboratory.

Comment _____

ATTEST

(Must be signed by an M.D. or D.O.)

Name of physician (Please print) _____

Office telephone _____

Physician's signature _____ Date _____

Student's signature _____ Date _____



TENNESSEE COLLEGES OF APPLIED TECHNOLOGY

ENROLLMENT APPLICATION

Applicants must complete every item on this form, sign and date and return it to the College.

Personal Information	<p>Full Legal Name</p> <p>_____</p> <p style="text-align: center;">Last First Middle</p> <hr/> <p>Address _____ City _____</p> <p>County _____ State _____ Zip _____ Email Address _____</p> <p style="text-align: center;">- - / / Gender: ___ M ___ F</p> <p>Social Security _____ Date of Birth _____ Age _____</p> <p>Marital Status: ___ Married ___ Single Preferred Phone Number: _____</p> <p>Race: Do you consider yourself to be Hispanic/Latino/Spanish origin? ___ Yes ___ No</p> <p>Select one or more of the following racial categories to best describe you: ___ American Indian/Alaska Native ___ Native Hawaiian/Pacific Islander ___ Asian ___ White ___ Black or African American</p> <p>Citizenship status: ___ US Citizen or US National ___ US Dual Citizen ___ US Permanent Resident or Refugee ___ Other</p> <p>US Forces Status: ___ Currently Serving ___ Previously Serving ___ Current Dependent ___ N/A</p> <p>ALL MALES 18 OR OLDER MUST be registered with Selective Service. Have you registered for Selective Service? ___ Not required to registered ___ Registered ___ Required to register, but not registered</p>
Prior Education/ Training	<p>Education (insert highest level of education completed): _____</p> <p>Name of last high school attended: _____</p> <p>High school graduation date (mm/yyyy): _____ GED Diploma Date _____</p> <p><i>Are you seeking credit for prior education, training or work experience?</i> ___ Yes ___ No</p>
Program	<p>Please review the campuses website and provide the program name choice for career training (Example: Administration Office Technology)</p> <p>_____</p> <p>When will you be available to enroll in class? ___ Fall ___ Spring ___ Summer</p> <p>Do you plan to apply for financial aid? ___ Yes ___ No</p>

Signature of Applicant: _____ Date of Application: _____

The Tennessee Colleges of Applied Technology (TCATs) do not discriminate on the basis of race, color, religion, creed, ethnic or national origin, sex, sexual orientation, gender identity/expression, disability, age, status as a covered veteran, genetic information and any other category protected by federal or state civil rights law with respect to all employment, programs and activities sponsored by the TCATs.



Application for Enrollment

The information is for Office use only:

ADMISSIONS REQUIREMENTS

- FAFSA I will not be filing financial aid. I will be paying for my education. Students Initials: _____
- Immunizations Education Transcripts

SPECIAL ADMISSIONS REQUIREMENTS

Cosmetology:

- Photo Proof of Age Copy of SS Card RT/LT Handed Manicuring Only

Dental Assisting, Medical Assisting, and Surgical Technology

Compass required scores: Math 30 and Reading 70

- COMPASS or ACT – Scores: _____ Math _____ Reading (Date: _____)
- CPR Documentation (BLS for Healthcare Providers)

Practical Nursing:

Compass required scores: Math 50 and Reading 80

- Notarized Declaration of Citizenship Copy of ID Used to Declare Citizenship
- CPR Documentation (BLS for Healthcare Providers)
- COMPASS or ACT – Scores: _____ Math _____ Reading (Date: _____)

Truck Driving:

- MVR DOT Physical Valid Driver's License
- U.S. Citizenship / Residency

Staff Signature: _____

Date: _____