

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

Total Placement Rate 2016: 100%

Diploma & Required Clock Hours

Tractor Trailer Truck Driver—222

HOW TO APPLY

All Documents Must be Presented Together to Apply

- 1. FAFSA—Provide Proof of Completed FAFSA School Code = 004025 at <https://fafsa.ed.gov/>**
- 2. Immunizations—Provide Proof of Required Immunizations (Form is Attached)**
- 3. Copy of valid Drivers License**
- 4. Complete Department of Transportation Physical (DOT Physical)**
- 5. Copy of Motor Vehicle Record (MVR)**
- 6. Proof of U.S. Citizenship or Lawful Permanent Residency**
- 7. 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. 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/>.
5. 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	
2017 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

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 _____



Application for Enrollment

Please Print

Today's Date: _____ Program: _____

Social Security Number: _____ Date Available to Start Training: _____

Name: _____
Last First Middle Previous Names

Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Are you a Veteran? YES/NO Are you a TN Promise student? YES/NO

Are you signed up for TN Reconnect? YES/NO

- If you have ever attended Tennessee College of Applied Technology – Knoxville before, please give us the month and year that you last attended. _____
- Are you required to register for selective service? YES/NO If yes, have you registered? _____
- I understand that withholding or giving false information requested on this document may make me ineligible for admission to the Tennessee College of Applied Technology – Knoxville. I certify that the information I have provided on this application for enrollment to be correct and complete.

Signature: _____

<i>The information below is for Office use only:</i>	
Day or Night Program	
<input type="checkbox"/> FAFSA	<input type="checkbox"/> I will not be filing financial aid. I will be paying for my education. Students Initials: _____
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Education Transcripts
<input type="checkbox"/> COMPASS or ACT – Scores: _____ Math _____ Reading (Date: _____)	
Practical Nursing:	<input type="checkbox"/> Notarized Declaration of Citizenship <input type="checkbox"/> Copy of ID Used to Declare Citizenship
	<input type="checkbox"/> CPR Documentation
Cosmetology:	<input type="checkbox"/> Photo <input type="checkbox"/> Proof of Age <input type="checkbox"/> Copy of SS Card <input type="checkbox"/> RT/LT Handed <input type="checkbox"/> Manicuring Only
Truck Driving:	<input type="checkbox"/> MVR <input type="checkbox"/> DOT Physical
	<input type="checkbox"/> U.S. Citizenship / Residency
Staff Signature: _____	Purged From Waiting List: <input type="checkbox"/> Student Requested Removal <input type="checkbox"/> Failure to Respond to Update <input type="checkbox"/> Correspondence was Returned _____ <i>Staff Signature/Date</i>
Date: _____	