

Please print clearly.

Precision Driver Training School - Application

Legal Name: Last _____ First _____ Middle I _____

Please Class D (car) _____ CDL Class A (tractor trailer) _____

Permit/Lic # _____ Date of Birth ____/____/____ Course start date ____/____/____

Mailing Address: _____

E-mail Address: _____ SS# (CDL Only) _____

Age as of course ending date: _____ Your Phone # _____

Emergency contact person: _____ Phone # _____

Sponsoring Agency contact information _____

List meds or substances known to cause allergic reactions: _____

List relevant physical/medical conditions and medications _____

List relevant learning challenges: _____

I certify that I have no conditions that may place myself or others at risk of harm, and that I agree to the terms of the drug screening policy. I also have read and agree to the terms and conditions of the refund policy.

Applicant Signature: _____ Date: ____/____/____

Parent/Guardian Signature *if Applicant is less than 18 yrs old*: _____

Please circle location: Morrisville Barre Essex Newport Other: _____

U.S. Mail application
and deposit to:

Precision Driver Training School
900 Rt. 58 West #1
Irasburg, VT 05845

Ph 802-754-2842
tgarrow@pshift.com

Refund Policy: The \$200 deposit is not refundable. The balance of the tuition may be refunded to students who pay the full amount of tuition prior to the first class and choose to withdraw on or prior to the first class. Refunds will not be issued after the first day of class.