

# **Professional CDL Training, LLC**

P. O. Box 18690, Milwaukee, WI 53218
Administration Office: 414-218-0093 Fax: 414-463-2955 Email: TrainMe@procdl.net

# **Training Information Request Form**

The content of this form is for informational purposes, and will be used to create a training contract when you begin training with ProCDL. To be contacted for training, please complete, sign, date and return this form to us via fax, email, or snail mail.

(If completing by hand, please print clearly)

Studer	nt Info	rmatio	on						
Last Name		Harden		First Name		Adam			
Telephone		(920) 254-2266		E-mail		adam@nationalmotorsports.com			
Address		W1843 Revere Ct		Apt. #					
City	Sheb	ooygan		State WI			Zip Code 53083		
Driver's	Licen	se #	H635-0168-3335-04	State	WI		Date Expires 9	/15/2018	
Current	CDL I	nstruct	ion Permit? Yes 🔘 No 🔘	If yes, what C	Class?	Class (A) X	Class (B)		
When d	does yo	ur CDL	Instruction Permit expire?	1/15/2018					
Do you have a current Medical Examination Certificate? Yes No No									
If yes, when did you get it? 6/29/2018									
Anticipated Payment Information									
How do you anticipate your training will be paid for? Yourself $\bigcirc$ Employer $\boxtimes$ Government Agency $\bigcirc$									
If training will be paid for by an employer or an agency, please provide details below.									
Name of Employer or Agency National Motorsports Services									
				SheboyganState WIZip 53081					
Please provide the Name(s) and Title(s) of person(s) authorizing payment for your CDL training.									
Name Adam Harden				Title Manager					
Telephone (920) 694-1885					Fax				
Name					Title		×		
Telephone					Fax				
Is a cost estimate required? Yes $\bigcirc$ No $\bigcirc$					Is a Purchase Order required? Yes No				
Have you reviewed the Student Driver Qualification, Prerequisites and Training Fee Schedule? Y									
Would you like to be notified of our next Commercial Truck Driver's Employment Seminar? Y $\bigcirc$ N $\bigcirc$									
Your Si					Date £	-8-17			
		Print I	Form	Clear Fo	rm		12		

Please make a copy of this completed form for you records.

### PROFESSIONAL CDL TRAINING LLC

TRAINING FACILITIES IN MILWAUKEE'S NORTHRIDGE AREA

## P.O. Box 18690 Milwaukee, Wisconsin 53218

Registration Information 414-218-0093 Administration Office 414-463-2955

Administration Office Fax 414-463-2955 email: TrainMe@procdl.net Webb site www.procdl.net

## TRAINING PROPOSAL COST ESTIMATE

TO OBTAIN A WISCONSIN COMMERCIAL DRIVERS LICENSE FOR THE CLASSIFICATION NOTED BELOW

Date:

August 19, 2017

To:

ADAM HARDEN – NATIONAL MOTORSPORTS SERVICES 1539 N 33rd

PLACE SHEBOYGAN WI. 53081

From:

**Anthony Staton** 

Subject:

**CLASS "A" TRACTOR TRAILER TRAINING** 

Hi Adam,

I have quoted an estimated time of 32 hours for your one on one training; however, based on our conversations on backing experience I expect you to come in much lower. Keep in mind, you only pay for the amount of training needed and we train in 4-hour minimums.

Let me know when you would like to get started and we will work you into the schedule!!

Anthony

### NEW DRIVERS ORIENTATION AND EMPLOYMENT SEMINAR; NO COST

September 9th

Held the 2<sup>nd</sup> Saturday of each month and includes training noted in the school bulletin and Employment assistance.

### WRITTEN TEST STUDY CLASS, 6 HOURS @ \$20 PER HOUR

Special classroom training for students requiring assistance in preparing for the Wisconsin written exam. This training is not normally necessary and will not be charged for if the student has no need.

### WRITTEN TEST PERMIT FEE, LICENSE RENEWAL: EST'D \$ 200

\$ NA

Expenses of obtaining the Wisconsin *LEARNERS PERMIT* and the estimated cost to renew a students license on completion.

#### WISCONSIN D.O.T. MEDICAL EXAM, ESTIMATED \$ 181

S NA

Exam Fees, paid to participating clinics for students required to obtain the FED/MED card.

## 32 HOURS ON THE ROAD, BACKING & PRE-TRIP TRAINING @ \$ 110 HR

\$ 3520

New requirements by Wisconsin have created a need for increased hours of training. Includes post Real World training

### ROAD TEST & PRE-TRIP EXAM BY A LICENSED WISCONSIN EXAMINER

\$ 150

Re-test Fees are not included in this cost proposal. Estimated costs are \$ 50 per each section of test.

## TRUCKS, TRACTORS AND/OR TRAILERS REQUIRED FOR ROAD TEST

\$ 200

Provided by Pro CDL & normally the same vehicle student has trained in.

### TOTAL ESTIMATED TRAINING & TESTING EXPENSE

\$3870

TO SCHEDULE FOR TRAINING: Upon receipt of a purchase order or an approved *Payment* Authorization form, a current copy of the student's Instruction Permit and a valid D.O.T. Medical Card, we will contact the student to schedule training on a first received basis. As testing is performed by the State of Wisconsin, we are subject to the schedule of their examiners.

Licensed & Certified by the Wisconsin Department of Transportation & Wisconsin Educational Approval Board

## PROFESSIONAL CDL TRAINING LLC INVOICE #1035

TRAINING FACILITIES IN MILWAUKEE'S NORTHRIDGE AREA

## P.O. BOX 18690 MILWAUKEE, WISCONSIN 53218

Telephone 414-467-5535 Fax 414-463-2955 E-mail TrainMe@procdl.net Web Site - www.procdl.net

Date:

SEPTEMBER 9, 2017

To

ADAM HARDEN – W1843 REVERE CT. SHEBOYGAN WI 53083

Subject:

INFORMATION VERIFICATION NOTICE & SCHEDULING FOR TRAINING

From:

Anthony Staton

Your assigned instructor will contact you within several business days of our having received a copy of your Class A Instruction Permit, Medical Card, a Signed copy of this Verification Notice and financial approval, to schedule your training. Please note any corrections to the information below and return our copy via fax or email, at your earliest convenience, as scheduled training sessions will **not** be confirmed until this form has been *completed*, signed and returned to Pro CDL. THIS CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE SCHOOL AND THE CUSTOMER OR STUDENT AND NO VERBAL STATEMENT OR PROMISES WILL BE RECOGNIZED.

ASSIGNED INSTRUCTOR: EDMUND ALLEN

TRAINING VEHICLE(S), INSURANCE AND FUEL TO BE FURNISHED BY: PRO-CDL

TESTING VEHICLE(S) TO BE FURNISHED BY: PRO-CDL

YOU WILL BE SCHEDULED TO TRAIN:32 HOURS IN A CLASS "A" TANDEM AXLE TRACTOR &48' TRAILER

YOUR CLASS "A" INSTRUCTION PERMIT: H635-0168-3335-04 ISSUED: 7-19-2017 EXPIRES: 1-15-2018 DOB:09-15-1983

YOU CAN BE REACHED AT: DAY# 920-254-2266 CELL# SAME EMAIL adam@nationalmotorsports.com

TRAINING, EXAMNINATIONS & TEST VEHICLE(S) TO BE PAID BY: STUDENT - CASH ONLY- NO CREDIT CARDS OR CHECKS ACCEPTED

## To Help Us Better Plan Your Training, Please Answer The Following

7
IAVE EXPERIENCE: AUTO [♥] - 6 [ ]-10 [♥] SPEED TRANSMISSIONS. [ ] WILL NEED EMPLOYMENT WHEN TRAINED
REFER TRAINING: MORNINGS _X_AFTERNOONS BEST DAYS: MONXTUES WED_THURXFRIXSAT_SUNANY_
TOTE OTHER SPECIFIC DAYS/DATES HERE
VANT TO ATTEND DRIVER ORIENTATION [ ] REFERENCE LIST REQUESTED [ ] NEED DIRECTIONS TO TRAINING SITE [ ]
TRAINING SCHEDULED ESTIMATED TO BEGIN 9-18-17 AND TO FINISH BY 16-1-17 he above information to be completed by Instructor, following contact with student
Information above is correct as noted.  Your Signature  Date 7-(1-17) Please RETURN this copy.
Professional CDL Training Institute Date 9-11-17
Signature OTHER CONCERNS OR CORRECTIONS:
PLEASE NOTE: Training dates will be entered after the instructor has contacted the student to schedule. The estimated completion
ate may vary based, on the student's performance and amount of practice between lessons. Availability of the Wisconsin

Third Party Examiner will determine the actual test date, if applicable.

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