



ARKTA

APPLICATION FOR ADMISSION

ArkTA member institutions are equal opportunity institutions and will not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or other unlawful factors in employment practices or admission and treatment of students. Some information is obtained for the sole purpose of state reporting and/or ensuring ArkTA is reaching all segments of the population.

APPLIANT INFORMATION

Please print.

Social Security Number: _____

Date of Birth (MM/DD/YYYY): _____

First Name: _____

Middle Name: _____

Last Name: _____

Mailing Address: _____

Phone Number: _____

Personal E-mail Address: _____

Gender: Female Male

Residency/Citizenship Status (required for financial aid recipients):

Non-Permanent Resident/Non-US Citizen Permanent US Resident/US Citizen

Ethnicity: Asian or Pacific Islander Black [Non-Hispanic Origin] Hispanic
 American Indian/Alaskan Native White [Non-Hispanic Origin] Non-Resident Alien
 Unknown

Emergency Contact Name: _____

Emergency Contact Phone: _____

PAYMENT METHOD

Please select a payment method. Tuition is \$2,000 with books included. Students will submit CDL permit and license fees directly to the issuer.

CASH, CHECK, or MONEY ORDER. *Please make checks and money orders payable to your selected training site [ASU Three Rivers, UA Cossatot, UA Hope-Texarkana or UA Rich Mountain].*

SPONSORSHIP. Please submit a letter of *authorization on the sponsoring organization's letterhead or a purchase order from the sponsoring organization, including the organization's name, address, and contact name.*

CREDIT/DEBIT CARD

VISA Master Card Discover

Card Number: _____

Expiration Date: _____

Cardholder's Signature: _____

AUTHORIZATIONS AND ACKNOWLEDEMENTS

With my signature below I hereby:

- Verify that I have read and understand the Arkansas Trucking Academy (ArkTA) Training Program Guidelines (TPG V6.0). ArkTA representatives have answered any questions I have concerning the guidelines and how they apply to me to my satisfaction.
- Acknowledge that I am unable to lawfully operate a vehicle without a valid driver's license and to do so may subject me to fines and legal consequences including the full financial responsibility for injuries, vehicle and other damages that may occur while operating a vehicle without valid permit or driver's license. I also agree to immediately inform my instructor of any moving violations or a suspended license.
- Authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Arkansas Trucking Academy (ArkTA), whether the said records are public, private, or of a confidential nature.
- Verify, that pursuant to FMCSR Subpart B, Section 392.11(b)(1), I can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records.
- Acknowledge that a felony conviction, a poor driving record, or a conviction related to a controlled substance could make me unemployable even after the successful completion of the training program.

Applicant Signature: _____ **Date:** _____

[SPONSOR] With my signature, I attest that:

- I will sponsor the above named applicant in the Arkansas Trucking Academy and grant permission for the applicable Arkansas Trucking Academy training partner [ASU Three Rivers / UA Cossatot / UA Hope-Texarkana / UA Rich Mountain] to bill my organization upon their acceptance into the program as is evidenced by ONE of the following.
 - letter of authorization on my organization's letterhead
 - training voucher
 - purchase request

Please include the: 1) organization name, 2) primary contact along with his/her email and telephone number, 3) organization billing address, 4) the name of the sponsored student and 5) the total amount to be paid by the organization.

- Verify that I have read and understand the Arkansas Trucking Academy (ArkTA) Training Guidelines (TPG V6.0). ArkTA representatives have answered any questions I have concerning the guidelines and how they apply to me to my satisfaction.

Printed Name of Authorized Agent: _____

Signature of Authorized Agent: _____ **Date:** _____