

Technical College of The Lowcountry.
The Virginia L. (Ginnie) Kozak Office of Workforce Development



TECHNICAL COLLEGE OF THE LOWCOUNTRY

Commercial Driver's License



Application Packet



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Student check list

- [] Must be a U.S citizen, or have proof of legal presence.
- [] Must be 18 years of age.
- [] Copy of valid driver's license.
- [] Copy of CDL Beginner permit. (Study material for the permit can be picked up at the DMV. There is a charge for the permit and material).
- [] Social security card
- [] Copy of your DOT Physical Certificate (medical card and long form)
This needs to be done before you can obtain your Commercial Learner's Permit.
- [] Completed student application.
- [] Copy of signed student contract.
- [] Copy of signed student handbook acknowledgment.
- [] Copy of signed advertising release form.
- [] Copy of signed limited form.
- [] Urinary Drug Screening before class starts, use link provided
- [] Background check (See attached instructions)
- [] Copy of your 10-year driving record, must be dated within 30 days of the start date of your class.

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CDL background check

Click on the CDL link ([Technical College of Low Country - CDL](#))

\$49.50 - Add to cart.

After checkout, the background screen link will be available for you to enter your personal information. An email receipt with the information regarding your report will be sent to the email address indicated in your order. If you do not see the email, check your SPAM folder.



Drug testing.

The Federal Motor Carrier Safety Administration (FMCSA) regulates commercial driver licensing and requires a department of transportation (DOT) physical and drug test in addition to a satisfactory driving record, prior to the issuance of a South Carolina Commercial Learner's Permit (CLP) or Commercial Driver's License (CDL). Furthermore, the Commercial Truck Driving Program is required by law to perform Pre-Employment and Random Drug and Alcohol Testing during the course of the program (FMCSA Regulations 382.305 and 391, subpart E). All results are reported to the FMCSA Drug and Alcohol Clearinghouse. Students will be provided with a link to the Drug Screening for the Pre-Employment Testing and will need to pay for that testing. The screening is \$62.25. Random Testing is paid by TCL.

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History

The Technical College of the Lowcountry (TCL.) has been offering a CDL course since 2016. Recently TCL has acquired two 2023 Commercial Motor Vehicles (CMV) to improve, expand and improve the CDL course. and keep offering the CDL course through TCL's Continuing Education & Workforce Development Division.

Administration

Dr. Laurie Boeding — President

Mrs. Mary Lee Carns — Vice President for Institutional Advancement & Workforce Development.

Campus Addresses:

Main Campus

921 Ribaut Road
Beaufort, SC 29902
843.525.8207

New River Campus

100 Community College Drive
Bluffton, SC 29909
843.470.6000

Hampton Campus

54 Tech Circle
Varnville, SC 29944
803.943.4262

Colleton Campus

1085 Thunderbolt Drive
Walterboro, SC 29488
843.470.6090

Office Hours

All Campuses 8am-5:00 pm, Fridays 8am-11:30am

Accredited by

Technical College of the Lowcountry is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award Associate degrees, Diplomas and Certificates. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Technical College of the Lowcountry.

Statement of Non-Discrimination

The Technical College of the Lowcountry is committed to a policy of equal opportunity for all qualified applicants for admissions or employment without regard to race, gender, national origin, age, religion, marital status, veteran status, disability, or political affiliation or belief.

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CDL Training Program Registration Requirements

- Student Application – Complete all sections carefully and accurately.
- Ten Year Motor Vehicle Report (Driving Record) — From DMV, complete within 30 days of class start date.
- DOT Physical — Must be dated within 30 days of start date. Students must pass a DOT Physical Examination for drivers. This can be obtained at Doctor's Care or similar facility. A Drug/Alcohol screen will be completed on your first day of training.
- Social Security Card — Mandatory by State & Federal DOT
- Driver's License— Mandatory by State & Federal DOT
- Class A CDL Permit - to operate TCL's CMV's, South Carolina law requires you to have a CDL Class "A" Learners Permit. Students are responsible for payment of permit fee to the Highway Department at time of testing.

INFORMATION FOR APPLICANTS:

Applicants must complete all required paperwork prior to beginning training. Applicants that are between the ages of 18 to 20 can only operate a commercial vehicle in the state in which they hold a CDL license. Applicants 21 years or older can operate a commercial vehicle in all 50 states with a CDL license. Applications must be reviewed by the Virginia L. (Ginnie) Kozak office of Workforce Development and be approved before any individual will be registered for class.

Standards of Satisfactory Progress

Students must maintain satisfactory progress in the course. Satisfactory progress is determined by written and oral examinations given at predetermined intervals to measure each student's progress as well as attendance by the student.

Grades: Above 80% = S (Satisfactory)

Below 80% = U (Unsatisfactory)

Students are required to maintain at least an 80% average, or they will be placed on academic probation. Examinations that the student has failed may be retaken and the higher grade will be used to determine the grade point average.

Upon successful course completion, the student will be given a Certificate of Completion. This will be needed for job placement with the company the student chooses. TCL will arrange testing for your Class A CDL license at the Hampton campus.

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Consumer report disclosure and release (Employment)

Disclosure

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from TCL. These reports may include the following types of information: names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public records information concerning your driving record, criminal records, etc., from federal, state, and other agencies which maintain such records.

Release

I AUTHORIZE, WITHOUT RESERVATION TCL, AND ANY PARTY OR AGENCY CONTACTED BY FINISH THE ABOVE-MENTIONED INFORMATION.

TCL is authorized to disclose all information obtained to the requesting entity for the purposes of deciding my eligibility for employment, promotion, or any other lawful purpose. I agree that such information which TCL has or obtains, and my employment history if I am hire or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement or consumer reports at any time during my employment or contract period.

By signing bellow, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, employment, or my eligibility for promotion.

PRINT APPLICANT NAME

APPLICANT SIGNATURE

APPLICANT SOCIAL SECURITY NUMBER

DATE

School official print name: _____

School official signature: _____

Date: _____

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COMMERCIAL DRIVER'S LICENSE STUDENT APPLICATION

Name: _____ Telephone _____
 Address _____ City _____ State _____ Zip _____
 Email: _____
 Date of Birth: ____/____/____ Age ____ Social Security Number _____ Sex M ____ F ____
 Driver's License No. _____ State _____ Employed Y ____ N ____
 Marital Status: Single ____ Married ____ Divorced ____ Separated ____ Widowed ____
 US Citizen: Yes ____ Non-Citizen Alien registration No ____
 Military: ____ No ____ Yes, Branch: _____ Entry Date: _____
 Exit Date: _____ Honorable ____ Dishonorable ____ General ____ Other ____
 How did you hear about TCL? TV ____ Radio ____ News Paper ____ Referred ____ Graduate ____
 Referred by Trucking Company. ____ Other ____
 Do you have any problem/problems with going over the road (OTR)? Yes ____ No ____

Current and previous three years' addresses.

ADDRESS	FROM	TO

Accident record for the past three (3) years: (attach sheet if more space is needed)

Date of accident	Nature of accident (Head on, rear end, etc.)	Location of accident	# of fatalities	# of people injured

Traffic convictions and suspensions for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

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Driver's license (list each driver's license held in the past three (3) years:

State	License #	Type	Endorsements	Expiration date

Have you ever been denied a license or permit to operate a motor vehicle? ☐ Yes ☐ No

Have your license or permit ever been suspended or revoked? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been convicted of a misdemeanor? ☐ Yes ☐ No

Are you currently on parole or probation? ☐ Yes ☐ No

Have you ever been convicted of DUI and/or DWI? ☐ Yes ☐ No

Have you ever been convicted of careless or reckless driving? ☐ Yes ☐ No

If the answer to any question listed above are "yes" give details (attach sheet if more space is needed)

Education History

Did you graduate from high school, or do you have a GED? ☐ Yes ☐ No

Circle the highest grade completed 6,7,8,9,10,11,12,13,14,15,16

Have you ever attended a Truck Driving School? ☐ Yes ☐ No

Work History

List a complete and continuous employment/unemployment history for the last ten (10) years (attach sheet if more space is needed).

From	Company name	Reason for leaving

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Health History

Have you ever been treated for or diagnosed with any of the following:

	Yes	No		Yes	No
Diabetes			Kidney disease		
Heart			Hearing disorder		
Arthritis/Muscular			Vision disorder		
High blood pressure			Head/back		
Epilepsy or nervous			Drugs		
Asthma			Do have any other conditions that may prevent you from driving.		

To be read and signed by applicant:

It is agreed and understood that any misrepresentations given in this application shall be considered an act of dishonesty. It is agreed and understood that Technical College of The Lowcountry may investigate the applicant's background to obtain all information of concern to applicant's record. I agree to furnish such additional information and complete such examinations as may required to complete my application file. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant print name: _____

Applicant signature: _____

Date: _____

School official print name: _____

School official signature: _____

Date: _____

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COMMERCIAL DRIVER'S LICENSE STUDENT CONTRACT

Today's Date _____ Starting Date _____
Last Name _____ First Name _____ Middle Name _____
Date of birth _____ Age _____ Phone # _____ Emergency phone # _____
Address _____ City _____ State _____ Zip _____
Driver's license # _____ CDL beginner permit expiration date _____
DL Class _____ E-mail _____

Course Provisions.

The Technical College of The Lowcountry's Commercial Driver License program will provide 160 hours of instruction in truck driver training. The student will receive classroom instruction, in the CDL simulation lab, and hands on driving on both the range and public roadway, in a tractor-trailer that is fully insured, covering each student enrolled in the program. Daytime classes will normally run from 8 a.m. to 2:30 p.m. Monday through Thursday for 6 weeks. Nighttime classes will normally run from 4 p.m. to 10:30 p.m. Monday through Thursday for 6 weeks. The cost of the program is \$5,000 and due at beginning of the course. Students who require more than two (2) CDL license exam road tests will be charged an additional \$250 to cover instructor and vehicle usage for each additional test.

Cancellation and refund policy.

- A. A student is entitled to a full tuition refund (fees are not refundable) if one (1) or more of the following criteria are met:
 1. The student cancels the enrollment agreement or application within three (3) days after signing. In the event the cancellation notice is mailed, the postmark date on the envelope is evidence of the date of cancellation.
 2. The student does not meet the College's minimum admissions requirements, accreditation requirements, or federal program requirements.
 3. The student's enrollment was procured as a result of misrepresentation in the written material utilized by the school.
 4. If the student has not visited the school prior to enrollment, and upon touring the school, or attending the first class, the student withdraws from the program within one (1) hour of the end of the first class.
- B. A student withdrawing from the school's published program, after starting the instructional program is entitled to a pro rata refund based upon the number of days, minus the application/enrollment/physical/drug testing fees. Any student completing more than fifty percent (50%) of the course curriculum is not entitled to a refund.
- C. For extenuating circumstances, a pro-rata refund will be based upon the last day of attendance.

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GUARANTEES: Successful completion of TCL's CDL course does not guarantee a successful test. And issuance of a CDL license by the SCDMV.

All student records, including contracts, shall be maintained for at least three (3) years at TCL.

This agreement constitutes the entire contract between the Technical College of the Lowcountry and the student, and any verbal assurances or promises not contained herein shall bind neither the Technical College of The Lowcountry nor the student. If you as the student, are unable to settle a dispute with the Technical College of The Lowcountry, please direct your grievances to the South Carolina Department of Motor Vehicles.

Applicant print name: _____

Applicant signature: _____

Date: _____

School official print name: _____

School official signature: _____

Date: _____

Student acceptance/Acknowledgement

I Hereby agree that I have read, understood, and will abide by the Technical College of the Lowcountry Commercial Driver's License enrollment contract, student handbook, or application, the program schedule, registration, tuition, attendance requirements, general student policies/procedures, cancellation and refund policies described herein.

Applicant print name: _____

Applicant signature: _____

Date: _____

School official print name: _____

School official signature: _____

Technical College of The Lowcountry.
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Date: _____

Technical College of the Lowcountry Promotional Release Form
(Student and Graduate Version)

I, _____, authorize the Technical College of the Lowcountry to use any/all information on this form as well as my photograph(s), video image(s) and/or interview(s) in any promotional (advertising) initiatives and/or activities sponsored or authorized by the Technical College of The Lowcountry. This information may be placed in the Technical College of the Lowcountry archives for use and reference.

(Signature)

(Date)

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Cell phone: _____ Home phone: _____

Work phone: _____ E-mail: _____

Program of study: _____

Expected date of graduation (if applicable): _____

THANK YOU!

Technical College of The Lowcountry.
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Enrollment and participation in The Technical College of the Lowcountry's Commercial Driver's License involves certain risks and dangers, including, but not limited to injury and accidents. By signing below, I hereby voluntarily accept these risks and dangers arising from or associated with my participation in this activity.

I understand that neither the College nor any of its agents or employees serves as guardians or insurers of my safety. Student agrees to hold harmless the Technical College of the Lowcountry, its employees and affiliates for any injuries incurred during training, including student's negligence. I further understand that the College only provides insurance coverage for bodily injury up to maximum allowed by insurance policy per person once private medical insurance, Medicare and/or Medicaid have been paid. If I believe that additional insurance is required to cover any risks associated with participating in this activity, then it is my responsibility to obtain the appropriate insurance.

I HAVE CAREFULLY READ THE FOREGOING DOCUMENT AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS ACKNOWLEDGEMENT AND VOLUNTARY ASSUMPTION OF RISKS AS MY OWN FREE ACT. I UNDERSTAND THAT THIS IS A LEGALLY BINDING DOCUMENT WHICH I HAVE READ AND UNDERSTAND.

Applicant print name: _____

Applicant signature: _____

Date: _____

School official print name: _____

School official signature: _____

Date: _____

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Dismissal from the program

Students are expected to always follow the Technical College of The Lowcountry code of conduct during enrollment in the program. Violations that may lead to immediate dismissal from the program, include, but are not limited to:

- Willful destruction, misuse, or unauthorized use of college property/equipment.
- Fighting on campus or disrespecting other students or/and instructors.
- Consumption of any alcoholic beverage during class time or on the grounds of the Technical College of The Lowcountry.
- Any evidence showing the student's use of drugs. (Marijuana, cocaine, amphetamines, barbiturates, etc.)
- Gambling while on college property.
- Reckless behavior.
- Theft.
- Any type of harassment toward any member of the Technical College of The Lowcountry faculty, staff, or student body.
- Arrest and/or conviction for any crime or misdemeanor, while enrolled in the program.
- Possession of any weapon on campus or in college vehicle.
- Careless or unsafe driving or use of any college vehicle.
- Willful violation of any federal, state law or regulation.
- Persistent failure to follow directions, or a serious violation of a safety rule.
- Any driver's license or Commercial Learning Permit is suspended for any reason.

In reference to reasons for academic dismissal, if all counseling efforts fail, whether it is academic/classroom, lab exercises or driving; the student who cannot meet the standards set forth by the Technical College of The Lowcountry within 12 days, will be dismissed from the program.

Applicant print name: _____

Applicant signature: _____

Date: _____

School official print name: _____

School official signature: _____

Date: _____

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Complaint procedure.

Students are expected to follow the following chain of command when they have a problem:

1. Instructor
2. CDL program coordinator.
3. Admissions coordinator of Kozak Office of Workforce Development.
4. Director of Operations, Kozak Office of Workforce Development.

If a student is unable to settle a dispute with the Commercial Driver's License program, he/she should direct the grievance to the SCDMV (South Carolina Department Motor Vehicles), at 10311 Wilson Blvd, Building C, Blythewood SC 29016 or call the SCDMV call center at (803)896-5000. The call center is open Monday through Friday; 8:30 AM. To 5:00 PM.

Attendance

Punctual and regular attendance is expected for successful program completion. Students are responsible for attending all scheduled classes. If a student is absent, the missed time must be rescheduled at the discretion of the instructor. Students are responsible for all instruction missed. An authorized professional instructor will be supervising all instructional time. Unsupervised practice of yard maneuvers and highway driving is strictly prohibited. No credit will be given for unsupervised activities.

Applicant print name: _____

Applicant signature: _____

Date: _____

School official print name: _____

School official signature: _____

Date: _____