



Minnesota Rural Electric Association

11640 73rd Avenue N | Maple Grove, MN 55369 | p: 763-424-1020 f: 763-424-5820 | www.mrea.org

Career Development for Linemen™

TEST OUT ENROLLMENT FORM

Instructions:

1. Complete all sections.
2. Print legibly.
3. Attach requested documentation and a check for the appropriate fee. Make checks payable to MREA/AR.
4. Persons submitting an incomplete application will not be allowed to take the exam.

Section 1: Applicant Information

Year: 1 2

Name: _____

Company: _____

Address: _____

E-Mail: (required) _____

Fax : _____

Training Coordinator: _____

Phone: _____

E-Mail: _____

Section 2: Employment Information

Dates of Employment		Employers Name:	Title or Position:
From:	To:		

If more space is required, complete the information on another sheet and attach to this application.

Section 3: Technical School Education

School Name: _____

Course Name: _____

Completion Date: _____

Attach copy of certificate / diploma (check box when done).

Section 4: Declaration

For testing out of CDL Step 1: Check the appropriate box. I am eligible to test out of Step 1 because:

- I have completed a lineman training program at a recognized technical school AND have 3 months of on the job training;
- I have completed at least 18 months of on the job training.

For testing out of CDL Step 2: Check the appropriate box. I am eligible to test out of Step 2 because:

- I have completed or tested out of Step 1; I have completed a lineman training program at a recognized technical school; and, I have 18 months of on the job training;
- I have completed or tested out of Step 1; and, I have completed 36 months of on the job training.

The information contained on this application is true and accurate to the best of my knowledge.

Applicant signature _____ Date _____

Section 5: Recommendation

Recommendation must be made by a line superintendent, supervisor, manager, operations manager, or similarly positioned person. I certify that the applicant is currently employed as stated above; that the applicant meets the requirements set forth in the declaration stated above; and to the best of my knowledge, this applicant is eligible to test out of the parts indicated.

Name: _____ Title: _____
(print)

Co. Name: _____ Phone: _____

Address: _____ Fax: _____

_____ E-mail: _____

Supervisor Signature _____ Date _____

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Payment Options:

My check is attached Invoice my company

Credit Card Payment: VISA Master Card Discover American Express

Test Out Fee with book: **\$354.00** Test Out without books: **\$125.00**
Shipping Fee: **\$10.00**

Payment Options:

My check is attached Invoice my company

Credit Card Payment: VISA Master Card Discover American Express

Card #: _____ Exp Date: _____ MM/YY

3-digit Code (back of card): _____ Total Charge Amount \$ _____

Name on Card: _____

Card billing address: _____

Signature: _____

Email receipt to: _____