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

<table>
<thead>
<tr>
<th>Dates of Employment</th>
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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 an 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 ______________
Payment Options:

My check is attached □   Invoice my company □

Credit Card Payment:   VISA □  Master Card □  Discover □  American Express □

☐  Test Out Fee with book: $370   ☐  Test Out without books: $135

Shipping Fee: $10

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:________________________________________________________