COMMERCIAL DRIVING (CDL) REGISTRATION



2027 Class Dates - Two Week Course

Jan. 4 - 15	Feb. 22 - Mar. 5	Apr. 8 - Apr. 21
Jan. 6 - 20	Mar. 4 - Mar. 18	Apr. 26 - May 7
Jan. 19 - Feb. 1	Mar. 9 - Mar. 23	
Jan. 25 - Feb. 5	Mar. 22 - Apr. 5	
Feb. 4 - Feb. 18	Mar. 25 - Apr. 9	

2027 Class Dates - Three Week Course

Feb. 8 - Mar. 1	Apr. 13 - May 3

BISMARCK STATE COLLEGE | North Dakota's Polytechnic Institution

trainND SOUTHWEST

REGISTRATION

All fields are required unless otherwise indicated; please fill out this registration form completely.

Date of Registration_____ Class Dates_____

First Name_____ Middle_____ Last Name_____

Address_____ City, State, Zip_____

Cell Phone_____ Work Phone_____ Date of Birth_____

Would you like to receive notifications via text message to the cell phone number provided above? ☐ Yes ☐ No

Do you have a valid Class B or C Commercial Driver's License with a Hazardous Materials Endorsement? ☐ Yes ☐ No

Social Security Number _____ E-Mail Address_____

Your confirmation will be sent to this e-mail address.

PLEASE CHECK ONE: *All checks should be made payable to Bismarck State College.*

☐ Enclosed is the $500 non-refundable deposit and a copy of my current Class D Driver's License and Class A CLP

☐ Enclosed is the tuition of $6,795 (includes the non-refundable deposit)

☐ Enclosed is the $450 retest fee

☐ Enclosed is _____, which includes the non-refundable tuition for _____ hours of customized training.

☐ I am a sponsored student. Attached is the Third Party Authorization Letter as well as the name and address of the sponsoring business:_____

COURSE PREREQUISITES AND ACKNOWLEDGMENT:

Students will receive an email from BSC Continuing Education and TrainND SW outlining how to fulfill the course prerequisites. Read and initial your understanding of each statement below:

_____ I understand I will receive emailed communication and that I will respond timely to all requests for information and deadlines.

_____ I understand I am required to submit my Class D Driver's License and Class A Commercial Learner's Permit from the state of North Dakota passing the general knowledge, airbrake, and combination tests at the time of registration.

_____ I understand I am required to provide a current/unexpired Medical Examiner's Certificate from a DOT physical that includes the CLP/CDL designation 10 business days before my class begins.

_____ I understand I must complete a DOT Drug Screening at the Drug and Alcohol Testing Network (or another approved location) between 10 and five business days before my class begins and this may require my name and contact information to be shared.

_____ I authorize Bismarck State College to initiate a Motor Vehicle Report (MVR) for each state of residency within the last two years.

List each state of residency within the last two years:_____

_____ I understand I must pay in the tuition in full no later than 10 business days before my class begins.

_____ I understand if I fail to adhere to the requirements and deadlines listed above it will result in being transferred to the next available course and that I may incur additional expenses.

CONTINUED ON BACK PAGE

REFUND/TRANSFER POLICY: A $500.00 deposit paid upon registration is required to reserve a seat and is non-refundable. Students must contact the BSC Continuing Education and TrainND SW office at least 10 business days prior to the course start date to request a refund on the remaining paid balance. If a student cancels less than 10 business days prior to the start of the course, the entire registration fee is forfeited. Full refunds are guaranteed if BSC Continuing Education and TrainND SW cancels a course. All approved refunds are made by mail unless paid with a credit card or electronic check in which case the card or account is credited. Please allow three weeks to process refunds.

Students must contact the BSC Continuing Education and TrainND SW office at least 10 business days prior to the start of course to request a transfer. If a student requests a transfer less than 10 business days prior to the start of the course, the entire registration fee is forfeited. Students will be allowed one transfer before registration is dropped requiring the student to complete the application process again.

_____ My initials indicate that I have read and understand the Refund/Transfer Policy.

(PLEASE READ CAREFULLY AND FULLY) I certify that the information given by me in this application is true in all respects and I agree that the omission or misrepresentation of any fact in this application will be sufficient reason for BSC Continuing Education and TrainND SW to deny me training. I also understand and agree that should I begin training and it is later discovered I have omitted or misrepresented any fact in this application including any supplement thereto, or any other corporate record, BSC Continuing Education and TrainND SW may immediately terminate my training upon discovery of such omission or misrepresentation. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability to perform the essential function of the job, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. As part of the application process for their training at Bismarck State College, I understand that they and/or agents may conduct an investigation of my personal information. The investigation may include, but is not limited to, names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, names and dates of education, credit history, and bankruptcy records. I authorize, without any reservation, the full release of these records. In addition, I release and discharge Bismarck State College and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation. I also certify that all information provided is correct on the application to the best of my knowledge. Any false statements provided will be considered just cause for termination of training. I understand BSC Continuing Education and TrainND SW may conduct a background check.

Student Signature_____ Date_____

Please return this completed form to BSC Continuing Education & TrainND SW either:

- In Person: BSC National Energy Center of Excellence Building, 1200 Schafer Street, 1st Floor, Room 107
- By Email: https://sendfiles.ndus.edu/filedrop/BSC-ContinuingEducation

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OFFICE USE ONLY

Action_____ Date_____ Pymt Method_____ Pymt Amount_____ Remaining Bal_____ Tran ID_____

Action_____ Date_____ Pymt Method_____ Pymt Amount_____ Remaining Bal_____ Tran ID_____

Action_____ Date_____ Pymt Method_____ Pymt Amount_____ Remaining Bal_____ Tran ID_____

3rd Party Company_____ Invoice #_____ Date_____ Invoice Amount_____

Pymt Method_____ Date_____ Pymt Amount_____ SF Receipt #_____

Updated 11/2026
LR 7/2023