



500 North Appleyard Drive
 Tallahassee, FL 32304
 850-487-7628 Ph
 850-487-7630 Fax

Commercial Driver License Appointment Confirmation

CDL DRIVING TEST FEE \$250.00

Revised 5/16/2019 SB

PLEASE PRINT				
Last Name:		First Name:		MI:
Date of Birth:		Driver License #:		
Mailing Address:		City:	State:	Zip:
Home Phone Number:		Work Phone Number:	Cell Phone Number	
Employer:		Supervisor's Name:		
Employer Phone Number:		Supervisor Phone Number:		
<u>Copies of the following documents must be given to Tester prior to test:</u> <ul style="list-style-type: none"> <input type="checkbox"/> Current Vehicle Registration <input type="checkbox"/> Current Proof of Insurance <input type="checkbox"/> Driver License and Temporary Permit <input type="checkbox"/> Medical Card <input type="checkbox"/> Receipt (CDL Fee) 				
<p>I understand that this is my appointment for the Florida Commercial Driver License Driving Test. I also understand that <u>I am responsible for providing my own vehicle</u>. In the event that I am unable to make my scheduled appointment, a refund will <u>NOT</u> be issued. There is a \$60.00 fee to reschedule my appointment for any reason. <u>I understand that I need to be at testing site (Lively Technical College) fifteen (15) minutes early prior to testing time.</u></p>				
Signature:			Date:	
<u>For Office use only. Do not write below this line.</u>				
APPOINTMENT				
Day	Date	Testing Time	Class License	
Staff Signature:			Date:	



Lively
Technical
College

500 North Appleyard Drive

Tallahassee, FL 32304

(P) 850-487-7400

(F) 850-487-7630

CREDIT CARD AUTHORIZATION FORM

Name: _____ Today's Date: _____

Cost: _____

Type of Credit Card:

Name Printed on Credit Card: _____

Credit Card # _____

Expiration date: _____

CVS# : _____

I authorize Lively Technical College to complete this transaction with the credit card information listed above.

Signature: _____ Date: _____

This form can be faxed to (850)487-7430

If you have any additional questions please call (850)487-7400