

Commercial Driver License Appointment Confirmation

CDL DRIVING TEST FEE \$260.00

Revised 6/17/2021 SB

PLEASE PRINT										
Last				NAL.						
Name: Date of			Name: MI:							
Birth:			License #:							
Mailing Address:		City a			State:	Zini				
Home Phone Number:	Work Phone N	City:		Cell Ph	one Number	Zip:				
Employer:			Supervisor's Name:							
Employer Phone Number:			Supervisor Phone Number:							
Copies of the	following docume	nts	must be given to	o Teste	r prior to te	est:				
 Current Vehicle Registration 										
	Current	t Pro	oof of Insurance							
			nse and Tempor	ary Pe	rmit					
Medical Card										
Receipt (CDL Fee)										
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. I understand that I need to be at testing site (Lively Technical College) fifteen (15) minutes early prior to testing time.										
Signature:	Date:									
For Office use only. Do not write below this line.										
APPOINTMENT										
Day Date			Testing Time Class Lic		ss License					
Staff Signature:			Date:							



500 North Appleyard Drive Tallahassee, FI 32304 (P) 850-487-7400 (F) 850-487-7630

CDL CREDIT CARD AUTHORIZATION FORM

Date:_____

Cost:		 	

Email Address:_____

Name Printed on Credit Card:

Credit Card #_____

Expiration date:

CVV# :

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)487-7424 or emailed to

tylerk0113@leonschools.net

If you have any additional questions please call (850)487-7628