

**For Office Use Only**

Day      Night

Potential Start date:

Financial Assistance:



DEL MAR COLLEGE

Student ID#: \_\_\_\_\_

## Del Mar College Transportation Training Services HAZMAT Application

Date:

Name:

Street Address:

City:

State:

Zip Code:

Phone:

Email:

### PERSONAL HISTORY

Military Experience:                       Yes                       No

If yes, how long:

Discharge Date:

Are you a U. S. Citizen?                       Yes                       No

### PHYSICAL HISTORY

Are you in good health?                       Yes                       No

Do you have at least 20/40 vision in each eye (with glasses):       Yes       No

Do you have effective use of the following?

Hands/arms?                       Yes       No

Feet?                       Yes       No

Legs?                       Yes       No

Good hearing?                       Yes       No

Do you have any conditions which could cause fainting spells?       Yes       No

Have you ever been treated for the following?

Diabetes?                       Yes       No

Epilepsy?                       Yes       No

Heart condition?                       Yes       No

**PHYSICAL HISTORY (cont.)**

Prescribed Medications? Yes No

If yes, please list medications: \_\_\_\_\_

Any physical defects? Yes No

If yes, please explain: \_\_\_\_\_

Date of last physical: \_\_\_\_\_

**Use of intoxicants (alcohol)?**

Habitual?

Occasional?

Seldom?

Not at all?

**Use of drugs?**

Habitual?

Occasional?

Seldom?

Not at all?

**EDUCATIONAL HISTORY**

High School Diploma:  GED:  Neither:

Indicate highest grade completed (Grade 1 – 12): \_\_\_\_\_

College (# of years): \_\_\_\_\_

**EMPLOYMENT HISTORY**

**\*\*If currently UNEMPLOYED, please indicate on Current Employer\*\***

***Current Employer:***

Address & Phone:

Position: \_\_\_\_\_ from: \_\_\_\_\_ to:

How long were you employed with this company?

**Past Employer:** \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Position: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

How long were you employed with this company? \_\_\_\_\_

**Past Employer:** \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Position: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

How long were you employed with this company? \_\_\_\_\_

**DRIVER EXPERIENCE AND QUALIFICATION**

Driver's license held in the past three years:

State: \_\_\_\_\_ Type: \_\_\_\_\_ Restrictions: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ Type: \_\_\_\_\_ Restrictions: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Have you ever been denied a license, permit or privilege to operate a motor vehicle?** Yes No

**Has any license, permit or privilege ever been suspended or revoked?** Yes No

If yes, date: \_\_\_\_\_

If you answered yes to either question, please provide a statement giving details.

\_\_\_\_\_

**Do you have any unpaid fines, tickets, or surcharges from any state thru the DPS office?** Yes No

If you answered yes, please provide a statement giving details:

\_\_\_\_\_

**Do you exceed THREE moving violations (tickets) in the last THREE years?** Yes No

If you answered yes, please provide a statement giving details:

**ACCIDENT REVIEW IN THE PAST THREE YEARS:**

Date: \_\_\_\_\_

Nature of Accident: (Head on, Rear end, etc.) \_\_\_\_\_

Any Fatalities? Yes No      Any injuries? Yes No

Date: \_\_\_\_\_

Nature of Accident: (Head on, Rear end, etc.) \_\_\_\_\_

Any Fatalities?  Yes  No

Any injuries?  Yes  No

**CONVICTIONS, FELONIES AND/OR FORFEITURES FOR THE PAST 10 YEARS OTHER THAN MOVING VIOLATIONS:**

State: \_\_\_\_\_

Date: \_\_\_\_\_

Charge: \_\_\_\_\_

State: \_\_\_\_\_

Date: \_\_\_\_\_

Charge: \_\_\_\_\_

State: \_\_\_\_\_

Date: \_\_\_\_\_

Charge: \_\_\_\_\_

I understand that in completing this application, Del Mar College is under no obligation to accept me, nor am I under obligation to Del Mar College.

It is agreed and understood that the answers to the foregoing questions have been supplied by me and are true and correct to the best of my knowledge and that any misrepresentation of information given above shall be considered an act of dishonesty.

Signature / Date:

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**DO NOT WRITE BELOW THIS LINE**

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**I have interviewed this applicant and have reviewed his/her qualifications.**

I  do  do not recommend student for acceptance by Del Mar College Transportation Training Services.

Comments: \_\_\_\_\_

Signature of Admission Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Needs TABE Test?  Yes  No

# Del Mar Transportation Training Services Student Checklist

## CDL HAZMAT Program

Course Fee: \$159.00

The following items must be on file prior to class start date:

- Class A or B CLP or CDL
- Social Security Card
- DOT Medical Card

**CDL Handbook Information:** Download [CDL Handbook \(click here\)](https://www.dps.texas.gov/internetforms/Forms/DL-7C.pdf) online, paper copies are no longer available at DPS (<https://www.dps.texas.gov/internetforms/Forms/DL-7C.pdf>)

**Study the following sections to prepare for HAZMAT Endorsement exam at DPS:**

- Section 9 - Hazardous Materials

NOTE: DPS Application for HAZMAT will require the following:

- (2) Forms of [Proof of Residency \(click here\)](http://www.dps.texas.gov/internetforms/Forms/DL-57.pdf) (<http://www.dps.texas.gov/internetforms/Forms/DL-57.pdf>)
- BIRTH CERTIFICATE
- Valid Texas Driver's License/CLP or CDL
- Social Security Card
- DOT Medical Card

## COURSE DESCRIPTION

This course, consisting of 16 clock hours of on-line coursework, COMPLETED FROM HOME OR IN OUR LAB, is designed to provide the student with the information needed to obtain the requirements for a HAZMAT Endorsement. The applicant will be provided the required curriculum that is required by the Federal Motor Carrier Safety Administration (FMCSA) to all Entry Level Driver Training applicants prior to testing for the Hazmat Endorsement through the Department of Public Safety.

Signature / Date