

VIRGINIA COMMUNITY COLLEGE SYSTEM (VCCS) REQUEST FOR CONFIRMATION OF STUDENTS ISSUED A COMMERCIAL DRIVER'S LICENSE

Purpose: To be used to request confirmation that students were issued a CDL license by DMV, when such students successfully completed a CDL training course administered by a Virginia community college or a driver training school (DTS) contracted with a Virginia community college.

Instructions: This form must be completed by an authorized representative of the community college or DTS. The authorized representative must ensure that each student listed has completed and signed a *Student Authorization for Release of Information* (TPT 005) form before submitting this form to DMV. A copy of the TPT 005A must be maintained in the business file for three years for auditing purposes.

COMMUNITY COLLEGE INFORMATION

COMMUNITY COLLEGE NAME	TPT OR DTS CODE	REQUEST DATE
COMMUNITY COLLEGE OR DTS ADDRESS	COMMUNITY COLLEGE OR DTS CONTACT NAME	
EMAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER

STUDENT INFORMATION

STUDENT INFORMATION			DMV USE ONLY	
Customer Number	Student Name	Date of Birth	CDL Issued	Date Issued
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION

By signing this document, I certify that I am authorized to act on behalf of the above-named community college or DTS to request information. I certify that the information will be used for its intended purposes and that the information obtained will not be used for civil immigration purposes or knowingly disseminated to any third party for any purpose related to civil immigration enforcement. I further certify and affirm that all the information presented in this form is true and correct. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

COLLEGE AUTHORIZED REPRESENTATIVE NAME (print)	COLLEGE AUTHORIZED REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)
--	---	-------------------