



METROWEST REGIONAL TRANSIT AUTHORITY

Public Transportation System

Commercial Driver's License Program

37 Waverly Street, Framingham, MA 01702

Ph. (508) 935 2222 ▪ Fax (508) 935 2225 ▪ Toll Free (888)996 9782 ▪ www.mwrta.com

MWRTA CDL Program Application

Please fill out the following information accurately. Applicants **MUST** have a valid Massachusetts license.

Full Name: _____ **Date of Birth:** _____

Street Address: _____ **Apt. /Unit #:** _____

Town/City: _____ **Zip code:** _____

Email Address: _____

Primary Phone Number: _____ **Secondary Phone Number:** _____

1. Please check one of the following that best applies to you:

I am interested in... Tuesday/Thursday Permit Classes from 4-7pm (Accelerated)

Two Consecutive Saturday Permit Classes from 9am-1pm

2. Please check one of the following that best applies to you:

I am interested in... Tuesday/Thursday Practical Classes (hours somewhat flexible)

Two Consecutive Saturday Practical Classes from 9am-1pm

By signing below, I acknowledge that all reimbursements will only be given following completion of the MWRTA CDL Program and obtainment of a Class C CDL license with Passenger Endorsement. I also hereby authorize and give permission to the MetroWest Regional Transit Authority (MWRTA) to publish any photographs or images taken of me, and my name, for the use of any MWRTA's marketing, training and advertising needs. I further agree that my participation in any of the marketing and training materials or advertisements produced by the MWRTA confers upon me no rights to ownership whatsoever. I release the MWRTA, its contractors, and its employees from all liability for any claims by me or any third party in connection with my participation.

Signature: _____ **Date:** _____

Once this application is completed and signed, please hand deliver or fax/email to Sara White at sara@mwrta.com . Upon receiving the application, MWRTA will confirm receipt.