



## METROWEST REGIONAL TRANSIT AUTHORITY

*Public Transportation System*

Commercial Driver's License Program

15 Blandin Ave., Framingham, MA 01702

Ph. (508) 935 2222 ▪ Fax (508) 935 2225 ▪ Toll Free (888)996 9782 ▪ [www.mwrta.com](http://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: \_\_\_\_\_ Referred By: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

At this time, MWRTA CDL Classes are **ONLY** offered during the weekdays. All applicants must be able to attend the full length of each class (approx. 4 hours per class).

The dates of classes are non-negotiable. If you are unable to make courses for any reason you must notify the MWRTA prior to classes. Failure to do so will result in non-allowance to partake in any classes for one calendar year.

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By signing below I 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 [CDLProgram@mwrta.com](mailto:CDLProgram@mwrta.com). Upon receiving the application, the MWRTA will confirm receipt.**