



Union Education Trust
Shaping Your Future

UNION EDUCATION TRUST Commercial Driver's License Application Form

A CIP Specialty Education Program

DIRECTIONS:

Please complete all information after selecting your school from the Union Education Trust website at www.uedtrust.org. Applications must be filled out completely and signed. Please allow 14 calendar days for processing. If you have any questions regarding your application or the application process, contact the Union Education Trust at 1-866-436-7900 or by e-mail at support@uedtrust.org. VOUCHERS WILL BE MAILED TO THE ADDRESS INDICATED ON YOUR PAYROLL RECORDS.

APPLICANT INFORMATION:

EMPLOYEE ID NUMBER: _____		
Last Name: _____	First Name: _____	Middle Initial: _____
State Agency: _____	Institution/Work Address: _____	
Work Phone: _____	Home Phone: _____	
Work Hours: _____	Union Chapter: _____	

SCHOOL INFORMATION:

Training Provider Name: _____	Location: _____
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COURSE INFORMATION

Course Name <i>(Select from the course list on the UET website)</i>	Course Number	Contact Hours	Cost of CDL Course	Course Start Date
a.	_____		\$	
b. Total any financial aid you will receive for tuition, or course material fees for the courses listed above (This includes scholarships, grants and support from a State of Ohio agency)		Financial Aid Received: \$		CDL
c. Subtract line (b) from line (a)		Total UET Requested: \$		

THIS APPLICATION MUST BE SIGNED

AGREEMENT: I represent that my current or future position with the State of Ohio has a requirement for a CDL. Also, I represent that the information in the application is true and accurate to the best of my knowledge and belief. I authorize the school named above to release final grade(s) and other data regarding my participation in the course(s) listed above to the Union Education Trust office (all information is confidential).

Further, I understand that:

- If the cost of the course exceeds my approved annual CIP budget, UET will pay the cost of the course and apply it to my budget over two (2) fiscal years;
- The dollar amount available in my CIP budget for two consecutive fiscal years must cover the total course cost.
- UET will pay for an approved course only once.

Signature: _____

Date: _____

**MAIL OR FAX YOUR
COMPLETED APPLICATION TO:**

**Union Education Trust
P.O. Box 3270
Westerville, OH 43086**

Fax: 1-866-436-7983

You must be an eligible state bargaining unit employee on the term start date in order for your voucher to be valid.
The voucher will cover tuition, and fees, if applicable, for the approved course listed on the voucher.