

Northwestern Ohio
COMMUNITY



CDL Reimbursement Form

Driver Name _____

Date _____

___ Pre-Service Class \$85.00

___ CDL Testing Receipt \$115.00

___ Permit \$27.00

___ CDL License \$42.00

Staff Signature _____

Total Cost _____

Manager Signature _____

Coding _____

I understand that signing this agreement I will be required to pay all or a portion of the CDL Process back to NOCAC per the terms of the current Union contract.

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