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**CDL** **Reimbursement** **Form**

**Driver Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ Pre-Service Class $85.00 \_\_\_ CDL Testing Receipt (Perrysburg) $115.00**

 **----OR----**

**\_\_\_ Permit $28.50 \_\_\_ CDL testing receipt (Findlay) ($55 + 1.75 CC fee)**

 **\_\_\_ CDL License $43.50**

**Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Cost \_\_\_\_\_\_\_\_\_\_**

**Transportation 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.**