



# TRUCK CONTRACT CHECKLIST

KEY: R = Required (format may vary according to your business) • O = Optional  
E = Exactly as Written (including the bold font)

This document will provide you with the information needed to create your own contract with your attorney. Sample contracts are provided for your use. The sample contracts provide terms exceeding the state minimum requirements.

<b>KEY</b>	<b>HEADER INFORMATION</b>	<input checked="" type="checkbox"/>
R	Name of Provider (full name including DBA)	<input type="checkbox"/>
R	Business address (street, city, state, zip code)	<input type="checkbox"/>
R	Business phone number	<input type="checkbox"/>
R	State Certification Number ("P" number)	<input type="checkbox"/>
R	Office hours (include days and times)	<input type="checkbox"/>
R	Program (Course) Number: Example: 18-2/12 (18 = Year; 2/12 = Month/Date Class begins)	<input type="checkbox"/>
R	Title of contract ("Truck Driver Training Contract")	<input type="checkbox"/>
R	Classroom Location	<input type="checkbox"/>
<b>KEY</b>	<b>STUDENT INFORMATION</b>	<input checked="" type="checkbox"/>
R	Name of Student (first, middle and last name as reported on driver's license)	<input type="checkbox"/>
R	Student address (street, city, state, zip code)	<input type="checkbox"/>
R	Student phone number (home or Cell)	<input type="checkbox"/>
R	Student age	<input type="checkbox"/>
R	Student date of birth (show as mm-dd-yyyy)	<input type="checkbox"/>
R	Driver License Number	<input type="checkbox"/>
R	CLP Number and expiration date	<input type="checkbox"/>
R	Emergency Contact person	<input type="checkbox"/>
<b>KEY</b>	<b>COURSE PROVISIONS</b> (Items in bold face must be included in the contract exactly as written, including the bold face font.)	<input checked="" type="checkbox"/>
E	<b>(Insert Provider Name) will provide a minimum of (Insert number of classroom hours) hours of classroom instruction, (Insert number of range hours) hours of range practice (yard), and (Insert number of BTW hours) hours of behind-the-wheel (BTW) instruction. Classes will normally run (Insert number of hours per day) hours/day (Insert what days the course is on) for (Insert number of weeks) weeks for a total of (Insert total of hours).</b>	<input type="checkbox"/>
E	<b>(Insert Provider name) will conduct the behind-the-wheel instruction in a tractor-trailer that is fully insured to cover each student enrolled in the program.</b>	<input type="checkbox"/>
E	<b>Students must obtain a Commercial License Permit (CLP) by achieving a score of 80% or higher on the State of Michigan "Knowledge" test.</b>	<input type="checkbox"/>
R	ALL dates for the class (e.g. Jan. 21, 22, 23, Feb. 2, 3, etc.)	<input type="checkbox"/>
R	Class times	<input type="checkbox"/>

KEY	<b>COURSE TERMS</b> (Item in bold face must be included in the contract exactly as written, including the bold face font.)	✓
R	Total fee of the course.	<input type="checkbox"/>
R	All course materials included with the total fee of the course (i.e. DOT physical examination and drug screen, basic TIP fee, plus the 3 <sup>rd</sup> party – tester fee and the use of a Doing It Right tractor – trailer for one State of Michigan approved CDL driver license test.).	<input type="checkbox"/>
R	Additional fees for materials or miscellaneous items such as missed or cancelled BTW instruction.	<input type="checkbox"/>
E	<b>Students must present a current US DOT physical examination card and drug screen at the time the course begins.</b>	<input type="checkbox"/>
O	Course make-up policy.	<input type="checkbox"/>
R	Cancellation policy (BTW instruction).	<input type="checkbox"/>
KEY	<b>REQUIREMENTS TO PASS THE COURSE</b> (Item in bold face must be included in the contract exactly as written, including the bold face font.)	✓
R	Passing score for any State Exam, tests or quizzes.	<input type="checkbox"/>
O	Additional requirements for passing that affect the student's grade (e.g., homework or quizzes, test, etc.)	<input type="checkbox"/>
KEY	<b>REFUND POLICY</b>	✓
R	Refund policy must be clearly written and easy to understand.	<input type="checkbox"/>
KEY	<b>ACCOMMODATIONS/MEDICAL CONDITIONS</b> (Items below must be included in the appropriate contract exactly as written including bold face font)	✓
E	Does the Student require any special accommodations to participate in the classroom phase (e.g., test being read, interpreter, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain:	<input type="checkbox"/>
E	Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, interpreter, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain:	<input type="checkbox"/>
KEY	<b>SIGNATURES</b>	✓
R	Student signature and date signed.	<input type="checkbox"/>
R	Provider's signature and date signed.	<input type="checkbox"/>
KEY	<b>FOOTER STATEMENT</b>	✓
E	<b>NOTICE - This provider is required to be certified by the Secretary of State. If you have any complaint that cannot be settled with the provider, please complete the DES-P11 Statement of Complaint form found on the Department of State website; <a href="http://Michigan.gov/DriverEd">Michigan.gov/DriverEd</a>. Completion of driver education instruction <u>does not</u> guarantee qualification for a driver license.</b>	<input type="checkbox"/>