

## National Driver Certification Program® Recertification Form Level 2- Medium/Heavy Duty (Master Tower®)

\* Denotes required field. Failure to complete these fields may prevent us from processing your request.

\*Legal Name: \_\_\_\_\_  
(First) (Last) (Middle Initial) (Suffix)  
 \*Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_ M \_\_ F \*Driver's License #: \_\_\_\_\_  
 MT#: \_\_\_\_\_

### Personal Contact Information

Do not repeat company's address and phone information unless you live on the premises.

\*Physical Mailing Address: \_\_\_\_\_  
(Number and Street Name) (City) (State) (Zip)  
 \*Personal Email: \_\_\_\_\_@\_\_\_\_\_ \*Home/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Employer/Company Information

Are you sole or shared owner of this company?      \_\_ Yes      \_\_ No  
 \*Business Name: \_\_\_\_\_ \*Phone: (\_\_\_\_\_) \_\_\_\_\_  
 \*Business Mailing Address: \_\_\_\_\_  
(Number and Street Name) (City) (State) (Zip)  
 \*Company Email: \_\_\_\_\_@\_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

### Employer Communication Opt-Out

\_\_\_ Please check if you **do not** want the NDCP Office to communicate with your employer regarding your certification status (renewal notices, status updates, etc.).

### Recertification Pricing

Check One

_____	Standard Price:	\$100 (Total Due \$100)	
_____	<i>Exclusive TRAA Member Discount</i>	<i>-\$25 (Total Due \$75)</i>	Current TRAA membership subject to verification

### Payment Information

Select One Option

<i>Submit Payment Online via our Website</i>	<i>Payment via Credit or Debit Card</i>
Simply visit our Products page and add the payment for this registration to your online order:  <a href="http://traaonline.com/products/" style="color: blue; text-decoration: underline;">http://traaonline.com/products/</a>	Email this form to: <a href="mailto:certification@traaonline.com" style="color: blue;">certification@traaonline.com</a> or Fax: (888) 392-9300  Cardholder Name: _____ Company Name : _____ 16 Digit Card #: _____ - _____ - _____ Expiration Date: _____ Security Code: _____ Billing Zip Code: _____ Today's Date: _____ Signature: _____

By signing the below, I agree to all terms and conditions listed on this form, on TRAA's website, and outlined in the NDCP's literature.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Important details:*

- Once submitted, this registration is non-transferable (assigned to the individual above) and all associated costs/fees are non-refundable.
- In accordance with FERPA guidelines, all communication between the NDCP Office and the registrant will be directed to the individual's personal contact information. The registrant retains all responsibility for communicating his/her certification status and other pertinent details to his/her employer (if applicable).
- As with all testing events, validating and confirming the security at testing location is subject to the discretion of the proctor.
- By participating in the program, registered participants authorize us to include their name, level achieved, ID number, city/state/zip, and expiration information in our online certification directory and any related publications/documentation at our discretion.
- Once the registration form is submitted, it is the participant's responsibility to inform the NDCP Office via email of any changes in his/her address/contact information. If the participant fails to notify us of any applicable changes he/she will incur any/all associated costs (duplicate item, postage, etc.).

## National Driver Certification Program® Recertification Form Level 2- Medium/Heavy Duty (Master Tower®)

As a professional certification, all National Driver Certification Program® (NDCP) certifications expire every five (5) years. To ensure that you maintain your certification status, please submit your recertification/renewal form 45-60 days prior to the expiration date. The program is sequential, participants only recertify/renewal at the highest certification level achieved. Failure to recertify will result in the cancellation of your certification status. In this event, you will need to complete the initial certification process over again.

### INSTRUCTIONS

- The recertification form must be filled out completely. Incomplete forms will be returned unprocessed.
- Submit the form and payment to the NDCP Office via email at [certification@traaonline.com](mailto:certification@traaonline.com) or fax at (888) 392-9300.
- Please allow up to ten (10) business days for the initial processing of this registration.
- **Once processed, the participant will receive an email with the required reading supplemental and accompanying questionnaire. Please read the supplement thoroughly and return the completed questionnaire pages within 30 days.**
- If the required questionnaire is not returned to the NDCP Office by the deadline, the participant will need to register to recertify again and start the process over.
- The participant will receive their updated ID card and wall certificate 4-6 weeks after returning the questionnaire. Patches and truck decals are available for purchase online ([www.traaonline.com](http://www.traaonline.com)).

Questions or comments may be directed to: [certification@traaonline.com](mailto:certification@traaonline.com) or (888) 392-9300.