

# LTAP REGISTRATION FORM

PLEASE FILL OUT ONE REGISTRATION FORM FOR EACH COURSE AND EMPLOYEE.

COURSE \_\_\_\_\_ DATES \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ TITLE \_\_\_\_\_

LAST FOUR NUMBERS OF SOCIAL SCURITY: # \_\_\_\_\_

THE EMPLOYEE HAS: AUTO OR CLASS D - CLASS A or B CDL - CDL LEARNERS  
(CIRCLE ONE PLEASE)

(MUST HAVE CLASS "A" or "B" CDL OR CDL LEARNERS PERMIT FOR TRUCK CLASSES &  
CLASS "A" CDL OR LEARNERS PERMIT FOR THE TRANSPORT CLASS)

AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

AGENCY CONTACT PERSON \_\_\_\_\_ PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

HOW MUCH ADVANCE NOTICE WOULD YOU NEED TO SCHEDULE AN EMPLOYEE FOR A  
CLASS? \_\_\_\_\_

**NOTE: CLASSES START AT 12:00 NOON ON MONDAYS.**

PLEASE FILL OUT AND MAIL TO:  
**NEW MEXICO DEPARTMENT OF TRANSPORTATION  
TRAINING ACADEMY  
P.O. BOX 5878  
ROSWELL, NM 88202-5878  
TELEPHONE# (575) 624-6080  
FAX #(575) 624-6085**