



TIDEWATER COMMUNITY COLLEGE
From here, go anywhere.™

PROFESSIONAL TRUCK DRIVER DEFENSIVE DRIVING COURSE

Last year, more than 5,000 people died in collisions with large trucks; 74% of those killed were in passenger vehicles and 10% were pedestrians, bicyclists or motorcyclists. Professional truck drivers have a tremendous responsibility for keeping the highways safe for others. The National Safety Council's Professional Truck Driver Defensive Driving Course gives them the tools to carry out this responsibility. Since DDC-PTD was first introduced in 1986, thousands of professional truck drivers have taken it and made a difference on our roads. Our experience and proven training techniques set us apart from other driver training providers.

- DDC-PTD is written exclusively for professional truck drivers by professional truck drivers.
- No matter where your fleet and drivers are based, they'll get the same quality and course content for DDC-PTD.
- Materials are frequently updated to reflect changes in traffic laws and teaching techniques.

DDC-PTD Professional Truck Driver– 3rd ed.

Professional truck drivers are involved in fewer collisions than other motorists, but collisions involving trucks are far more deadly and costly. DDC-PTD gives truck drivers defensive driving techniques that help them avoid collisions and violations. This 8 hour course uses the National Safety Council's curriculum and is approved as a professional truck driver defensive driving clinic by the Virginia Department of Motor Vehicles. It focuses on personal responsibility and the consequences of the driving decisions we make.

Topics include:

- The most common causes of truck-related collisions - and how to avoid them
- The DDC Collision Prevention Formula
- Setting safety standards and protecting other motorists
- The unique challenges of driving large vehicles
- Managing lanes safely
- Dealing with uncontrollable driving conditions and hazards

This edition features new information on:

- Code of Ethics
- "Drive for 5" - protecting motorists and truck drivers
- Personal safety
- Mirror adjustment stations
- Following distance
- Situation analysis of collisions and incidents

Cost: \$60.00

Class Dates:

67002 W01N Sept. 12
67004 W02N Oct. 31
67006 W03N Nov. 14

Location:

The class will be held at TCC's Norfolk Campus:
300 Granby Street
Norfolk, VA 23510
Martin Building 5th floor room #2502 & 2505

Instructor:

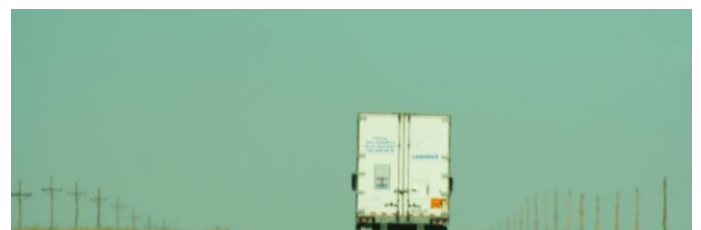
Instructor Bob Ross is certified by the National Safety Council.

Who Should Attend?

This program is intended for anyone wanting to improve their defensive driving skills, to offset any demerit points on their driving record or to satisfy court mandated attendance.

Registration:

Registration and payment should be received at least a week prior to the first day of class. See the back of this flier for the registration form. Instructions for faxing and mailing are on the bottom of the registration form, located on the back of this flier.



For more information call:

TCC WORKFORCE DEVELOPMENT • 757-822-1234 • WWW.TCC.EDU/WD



Workforce Development Non-Credit Application and Registration Form

1. Have you ever applied to any Virginia Community College? _____ Yes _____ No If yes, most recent year: _____
a. Have you ever been employed by a VCCS college? ___ Yes ___ No If yes, and you know your EMPL. ID, please provide: _____

2. Name: _____
Last First Full Middle

3. Prefix: _____ Mr. _____ Miss _____ Ms. _____ Mrs. Other: _____

4. Suffix: _____ Jr. _____ Sr. _____ II _____ III Other: _____

5. Social Security Number: _____ - _____ - _____ 6. Gender: _____ Male _____ Female

7. Are you a U.S. citizen? _____ Yes _____ No (If yes, continue to question #8)
If no, what is your Country of Citizenship? _____

What is your current immigration status with the U.S.?

() Not in U.S. – I am requesting _____ visa status.

() Currently in U.S.

Permanent Status: () Resident Alien () Asylee () Refugee A# (number), if any: _____

Temporary Status: Specify visa type _____ and Expiration Date _____

Are you requesting a change of status to an F-1 or M-1 visa? () yes () no

8. Is English your native language? _____ Yes _____ No 9. Date of Birth: _____ / _____ / _____
(Month) (Day) (Year)

10. Racial / Ethnic Group: _____ American Indian or Alaskan Native _____ Asian or Pacific Islander _____ Black
_____ Hispanic _____ White Other: _____

11. Military Information: () Active Duty () Active Reserves () Inactive Reserves () Retired () Veteran
() Military Spouse () Military Dependent Child Branch: _____

12. Email address: _____ 13. Former Name: _____

14. Home Phone: (_____) _____ - _____

15. If you live in Virginia, provide your City or County of Residence: _____
If you live outside of Virginia, provide the State and/or Country of Residence: _____

16. Mailing Address: _____
(Address) (City) (State) (Zip) (Country, if not USA)

17. If employed: Business Phone: (_____) _____ - _____ Extension: _____

18. Employer name: _____

19. I wish to begin classes in Year: 20_____ Fall _____ Spring _____ Summer _____

I certify that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Applicant's Signature: _____ **Date:** _____

This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification) handicap, national origin or other non-merit factors. Employer, date of birth, social security, sex, and race information are optional and used for research, reporting and management of student records.

Is your employer paying for or reimbursing you for this course? (please check the appropriate box)

Please check the following class or classes you wish to attend:

<input checked="" type="checkbox"/>	Course #	Class #	Sect.	Dates	Title	Times	Hrs	Cost	CEUs
<input type="checkbox"/>	TRNS 1005				Truck Driver Improvement	8AM – 5PM	8	\$60	.8

Method of Payment (please circle) **Check** **Money Order** **VISA** **MasterCard** **Military Authorization**
Bank Card Number _____ **Expiration Date** _____
Holders Name _____ **Signature** _____

Employer-Paid Tuition. Attach a signed Authorization for Billing on company stationery with Federal Employee ID No., SIC Code and Employer Code or include payment via company check or credit card.

REGISTER BY MAIL, FAX or ON-SITE:

MAIL & WALK-IN: TCC Workforce Development, Martin Bldg, 5th Floor, 300 Granby Street, Norfolk VA 23510

FAX: (757) 822-1160 **PHONE:** (757) 822-1234 (for information)