



Registration for V Endorsement Training

Name and Address of Attendee:

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

Operator License Number: _____ DOB: _____

Class Attending: 10-Hour (New Driver) 6-Hour (Annual Training)

Month of Scheduled Class Requesting (Please indicate):

___ JAN ___ FEB ___ MAR ___ APR ___ MAY ___ JUN ___ JUL ___ AUG ___ SEP ___ OCT ___ NOV ___ DEC

Name and Address of Carrier/Employer:

Company Name: _____

Company Email Address: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Payment (Please Indicate): **Self-Pay** **Company Pay**

Which address should your R-360 be mailed to? (Please indicate): Home Address Employer Address

Access to training is permitted only when this completed registration **and payment** has been received by the COSTA office. The application is required to be returned to administrator@ctschoobus.org two weeks before the date of the first class.

Training will be held via ZOOM. We will send you an invitation with a link and instructions to join the Zoom session on the morning of each class. You will also receive a PDF for each class that you can download and/or print.

An R-360 Certificate will be mailed to the location you have indicated on this form when training has been completed and full payment has been received. See below for pricing.

Non-Member Pricing: 10-Hour (New Driver) Class \$350.00 per driver; 6-Hour (Annual Training) \$250.00 per driver, plus tax if applicable. **Payment must be received a minimum of one week prior to the start of the class.**

COSTA Member Pricing: 10-Hour (New Driver) Class \$225.00 per driver; 6-Hour (Annual Training) \$135.00 per driver, plus tax if applicable. **Payment must be received a minimum of one week prior to the start of the class.**

**A discount of 30% will be provided for a class of 10 or more from the same company, regardless of membership status.*

Connecticut School Transportation Association (COSTA)

455 Boston Post Rd, Ste 203B, Old Saybrook, CT 06475 | P: 860-953-2782 | administrator@ctschoobus.org