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Phone: (907) 357-6400 or 1 oil Free: 1-888-367-6482 Fax: (907) 357-6430

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APPLICATION for TRAINING

Test Date:		Location	n: PA	LMER	ladhad hadhad hadhad hadhad hadhad hadhad hadhad hadhad ha	Haaddadhaadhaad	
Last Name		First Name			Middle		
Last 4 SSN (student)	Mailing Address						
City, State and Zip Co			Phone Number				
Drivers License or Pe	rmit #		Expiration Date		Date of Birth		
Race (check only one) Hawaiian Hispanic	: Alaskan Native American Indian Other (Specify):	African Amer	rican 🗆 A	Asian Pacific	Islander Cauca	sian [
Email Address:							
Emergency Contact:		_ Relationship:		Phone:			
Applicant ha	as had an instruction permit for	six months an	d is at le	ast 16 yea	ars of age.		
Applicant h	as <i>not</i> ha d an instruction perm	it for six month	s and/o	r is under	the age of 16.		
6 months b	's Education students that do not a efore the course ends can schedu f the re-test is scheduled within 3	ıle a road exam	at a later	date. Re-t			
Applicant h	nas not been convicted of a tra	ffic law violation	n within	the past s	ix months.		
Failure to appear, fai taking the road test, the forfeited if the application fee will be forfeited in	lure to appear on time, failure to pass the program fee will not be refunded. Fant brings improper or incomplete do f the applicant arrives 5 minutes after the applicant arrives 5 minutes are likely applicant.	s the road exam or The road test will ocuments. The roa r scheduled appoin	if an equi not be co d test will ntment tin	pment viola onducted and I not be conducted.	ntion prevents you followed the program fee we ducted and the prog	ill be	
i certify that the ini	ormation provided in this applicat	ion is true and co	irect to t	ne best of f	ny knowieuge.		
Signature:	nature:			Date:			