



JDS CAROLINAS, INC.

PO Box 143

Vanceboro, NC 28586

(252) 244-1220

E-Mail: jds Vanceboro@gmail.com

Website: www.JDSCarolinas.com

NCDMV Road Test for Class C Provisional License

*This contract is made and entered into by and between JDS Carolinas, Inc.,
hereinafter called the Examiner and the Customer:*

Customer Full Name: _____ Date of Birth: _____

Street Address: _____

NC Permit Number: _____ Issue Date of NC Permit: _____

Customer Phone: (____)-_____ Customer Phone: (____)-_____

Customer Email Address: _____

Customer Signature: _____

:ROAD TEST COST AND DETAILS:

JDS Carolinas Inc. provides the NCDMV Road Test to individuals 18 years old or older within our serviceable range to progress from their Learners Permit to a Class C Provisional License.

All appointments must be schedule at least 24 hours in advance. Payment must be submitted prior to Road Test Evaluation.

The Road Test will begin at JDS Carolinas Inc. Office.

:Select the Office Location where you will be taking your Road Test:

O - Main Office : 8145 Main Street, Vanceboro, NC 28586

O - Branch Office : 1400 Bethlehem Road, Rocky Mount, NC 27803

:Select your choice of vehicle for your Road Test:

O - Customers' Personal Vehicle : \$50.00 | O - JDSC Fleet Vehicle : \$75.00

:THIS SECTION IS TO BE USED FOR RECORD KEEPING PURPOSES BY JDSC INC. ONLY:

Date of Road Test: _____

Time of Road Test: _____

Location of Road Test: _____

NOTE: PLEASE READ CAREFULLY and initial bottom of this page.

The Examiner and the Customer agree to the following terms and conditions:

1. Jordan Driving School of the Carolinas Inc. is licensed to conduct road tests by the State of North Carolina Division of Motor Vehicles. Under this agreement, Jordan Driving School of the Carolinas Inc. may not provide road tests to more than one customer at a time.
2. Dates and times for the Road Test will be given to the Customer in advance and adhered. In the event of unforeseen contingencies, the Examiner may make changes as far in advance as possible (no less than 24-hour notice) and all parties notified by telephone or in-person. The Examiner requires 24-hours' notice by the Customer to cancel a scheduled appointment.
3. Any unsuccessful test taker must wait a minimum of 48 hours before retaking the test.
4. This contract is valid for one road test. Any subsequent road tests will require a separate contract under the same terms.
5. This contract constitutes the entire agreement between the Customer and the Examiner. Verbal assurances or promises not contained herein are not binding in any way on the Examiner or the Customer.
6. In the operation of a JDS of the Carolinas Inc. motor vehicle, there are certain hazards and risks. The Customer does hereby specifically assume all such risks as may be incurred in the normal operation of a motor vehicle during course of instruction. Each Examiner vehicle is fully insured with liability coverage in the amount of \$100,000/\$300,000/\$50,000. The Customer agrees to completely release the Examiner and its associates from any liability and all claims or courses of action resulting and arising from damages or injuries suffered by the Customer during this course to the extent that claims shall not be covered by the Examiner insurance coverage.
7. The Customer confirms that they meet the below requirements to be eligible for the Road Test;
 - a. Has a Valid NC Permit in their possession, with a physical card that will be on their person at the time of the road test.
 - b. Does not have Restrictions other than '0' for 'None' or '1' for 'Corrective Lenses' listed on their permit.

I have read and agree with the above terms carefully and completely;

Customer Signature: _____

Parent/Guardian Signature: _____

Mailing Address: JDS CAROLINAS, Inc.
P.O. Box 143, Vanceboro, NC 28586
Email Address: jdsvanceboro@gmail.com

PAYMENT METHODS ACCEPTED:

please indicate method of payment

Personal/Cashier Check, Money Order, Card Payment

Venmo : @Edwin-Jordan-1 CashApp : \$EJJordan5

Debit/Credit Card Authorization : MASTERCARD OR VISA ONLY : WE DO NOT ACCEPT AMEX

Name on Card: _____ **Amount to Charge: \$** _____

Billing Address: _____

Card Number: _____ **Expiration Date:** _____

CVV Security Code (last 3 digits on back of card): _____