



Instructions for Completing an Application for a Commercial Driver Training School Certificate

Who Must Be Certified

Any person operating a business or non-profit enterprise that engages, for a consideration, in educating and training persons either in a classroom or behind-the-wheel, or both, in the driving of motor vehicles must apply for a commercial driver training school certificate per ORS 822.500 and ORS 822.515 and OAR Division 160. There are a few, specialized exemptions which do not require certification. Please inquire with DMV.

Original /Renewal Certificate Application

You may obtain an original or renewal application for a Commercial Driver Training School Certificate by contacting: **DMV, Third Party Programs, 1905 Lana Ave NE, Salem OR 97314.**

Email ThirdPartyPrograms@odot.oregon.gov or download the forms at:

<https://www.oregon.gov/odot/Forms/DMV/6050fill.pdf> Submit the application and the following documents to **DMV, Third Party Programs/CDTS, 1905 Lana Ave NE, Salem OR 97314:**

- ☐ Completed Commercial Driver Training School Application (DMV form 735-6050).
- ☐ Completed Insurance Certification form (DMV form 735-6618).
NOTE: If the school is conducting only classroom, and no behind-the-wheel instruction, complete the waiver portion of the Certification form.
- ☐ Completed surety bond form (DMV form 735-6880).
- ☐ Copy of the scheduled fees and charges for instruction.
- ☐ Provide an email address on the application form. You will receive an email notification from Advanced Reporting, the company DMV uses to conduct criminal background checks. All operators must authorize the criminal background check. Follow the instructions to access Advanced Reporting's website.
- ☐ The school name must be registered with the **Corporation Division of the Oregon Secretary of State** and the business registry number must be noted on the application. **Call (503) 986-2200, or download the forms at** <https://sos.oregon.gov/business/Pages/forms.aspx>
- ☐ Submit a copy of the Oregon Secretary of State's Business Entity Data sheet with your application.
- ☐ Submit the \$400 application fee. Third Party Programs can only accept checks or cash in the exact amount.

The driver training school certificate is emailed to the school for approval. An instructor's certificate is also emailed, if applied for, and the proper fees have been included with your application.

If the application is received (postmarked) the day BEFORE your certificate expiration date, there is a grace period in which you will remain valid.

Certificate Corrections / Changes

OAR 735-160-0015(b) states the school owner/operator must file an application with DMV for a Corrected School Certificate within ten (10) calendar days if the name or address of the school changes or the school operator's name changes. If the name of the school changes, the operator must submit bond and insurance documents in the new business name to DMV within 30 days.

Submit the application and the following documents to **DMV Third Party Programs/CDTS, 1905 Lana Ave NE, Salem OR 97314:**

- ☐ Completed Commercial Driver Training School application (DMV form 735-6050).
- ☐ Completed surety bond form with the updated information (DMV form 735-6880).
- ☐ Completed insurance certificate form with the updated information (DMV form 735-6618).
- ☐ Secretary of State's Business Entity Data sheet

GENERAL INFORMATION

An applicant for a school certificate or renewal must furnish proof of vehicle insurance in the amounts of \$100,000/\$300,000/\$50,000. An alternate method for furnishing proof of insurance is to provide a separate bond in the amount equaling the required insurance limits.

REFUNDS

There are no statutory provisions for refunds. However, if for any reason a certificate has not been issued, a refund may be considered upon written request.



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

COMMERCIAL DRIVER TRAINING SCHOOL APPLICATION

NUMBER

DATE ISSUED

☐ Original ☐ Renewal ☐ Correction / Changes ☐ \$400 fee enclosed

Mail completed application and fee (payable to DMV) to: DMV Third Party Programs, 1905 Lana Ave NE, Salem OR 97314.

▼ SCHOOL INFORMATION ▼

NAME OF SCHOOL	TELEPHONE NUMBER OF SCHOOL ()	EMAIL ADDRESS	
STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS OR E-MAIL ADDRESS (IF DIFFERENT FROM ABOVE)			OREGON CORP. REGISTRY NUMBER

Will your school provide **ONLY** classroom instruction? ☐ YES ☐ NO

▼ OPERATOR INFORMATION ▼

PRINT NAME OF OWNER, PARTNER, LLC MEMBER OR CORPORATE OFFICER		Do any persons, other than the applicant, have financial interest in this business? * IF "YES," COMPLETE PAGE 2		<input type="checkbox"/> YES* <input type="checkbox"/> NO
DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUANCE		
RESIDENCE ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE

Do you have formal training in driver education? ☐ YES ☐ NO (If "YES," list below)

NAME OF COURSE OF INSTRUCTION	LOCATION	DATES ATTENDED

List Previous Employers (Five years):

▼ OTHER INFORMATION ▼

NAMES OF INSTRUCTORS	STATUS	NAMES OF INSTRUCTORS	STATUS
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

▼ LIST ALL TRAINING CARS USED BY YOUR SCHOOL ▼

YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER	PLATE NUMBER

Submit the insurance certification form, a surety bond, and a schedule of maximum fees for instruction with this application.

By signing this application, I hereby certify that the statements in this application are true and correct. I understand that it is a crime to knowingly make any false statements on this application. If I am convicted of such act, I further understand that I can be fined or sentenced to jail or both according to Oregon law. **I certify that I have not been suspended, canceled or revoked in the last five years as a driver training school operator and/or instructor in Oregon or any other state. I promise to abide by the Code of Ethics and Rules of Conduct as stated in OAR 735-160-0130.**

SIGNATURE OF OPERATOR

X

DATE

Complete the section(s) below and sign.

(Be sure to attach a separate sheet to show additional owners.)

- List the primary owner, partners, LLC members or corporate officers below.
- If a member of a limited liability company (LLC) is a corporation, the president must provide information below.
- If a partner of a partnership is a corporation, the president must provide information below.
- By signing below, I/we certify that the answers provided on Page 2 are true and accurate information.
- If corporation or LLC, the Oregon registered agent name and addresses required below.

1	OREGON REGISTERED AGENT NAME				TELEPHONE NUMBER ()	
2	OREGON REGISTERED AGENT MAILING ADDRESS			CITY	STATE	ZIP CODE
3	OREGON REGISTERED AGENT STREET ADDRESS			CITY	STATE	ZIP CODE
OWNERSHIP INFORMATION						
4	PRINT NAME OF OWNER, PARTNER, LLC MEMBER OR CORPORATE OFFICER			TITLE	RESIDENCE TELEPHONE NUMBER ()	
5	DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUANCE	EMAIL ADDRESS		
6	RESIDENCE ADDRESS			CITY	STATE	ZIP CODE
7	MAILING ADDRESS (IF DIFFERENT)			CITY	STATE	ZIP CODE
8	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 4 ABOVE X				DATE	
9	PRINT NAME OF OWNER, PARTNER, LLC MEMBER OR CORPORATE OFFICER			TITLE	RESIDENCE TELEPHONE NUMBER ()	
10	DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUANCE	EMAIL ADDRESS		
11	RESIDENCE ADDRESS			CITY	STATE	ZIP CODE
12	MAILING ADDRESS (IF DIFFERENT)			CITY	STATE	ZIP CODE
13	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 9 ABOVE X				DATE	
14	PRINT NAME OF OWNER, PARTNER, LLC MEMBER OR CORPORATE OFFICER			TITLE	RESIDENCE TELEPHONE NUMBER ()	
15	DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUANCE	EMAIL ADDRESS		
16	RESIDENCE ADDRESS			CITY	STATE	ZIP CODE
17	MAILING ADDRESS (IF DIFFERENT)			CITY	STATE	ZIP CODE
18	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 14 ABOVE X				DATE	

Has any partner in or owner, agent, officer, director or manager of the business, or shareholder who owns more than 20% of the business been convicted of a crime involving moral turpitude, including but not limited to, homicide, assault, kidnapping, a sexual offense, robbery, child pornography, fraud, forgery, perjury and theft or of a crime punishable as a felony involving the use of a motor vehicle, or a crime punishable as a felony involving possession, manufacture or distribution of a controlled substance?

☐ YES* ☐ NO * IF "YES," PLEASE EXPLAIN BELOW:



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

COMMERCIAL DRIVING SCHOOL BOND

BOND NUMBER: _____

**FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE UNAVOIDABLE DELAY.
PLEASE TYPE OR PRINT LEGIBLY WITH INK.**

KNOW ALL PERSONS BY THESE PRESENTS (CHECK AND COMPLETE ONE BELOW):

☐ THAT _____ DOING BUSINESS UNDER THE NAME OF _____
(INDIVIDUAL)

☐ THAT PARTNERS, _____ AND _____
DOING BUSINESS UNDER THE FIRM OF _____

☐ THAT _____
A CORPORATION DULY ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF _____,
HAVING PRINCIPAL PLACE OF BUSINESS AT _____
(ADDRESS, CITY, STATE, ZIP CODE)

WITH ADDITIONAL PLACES OF BUSINESS AT _____
(ADDRESS, CITY, STATE, ZIP CODE)

(ADDRESS, CITY, STATE, ZIP CODE)

STATE OF OREGON, AS PRINCIPALS, AND _____
(SURETY NAME)

(ADDRESS, CITY, STATE, ZIP CODE) (_____) (TELEPHONE NUMBER)

A CORPORATION ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF _____,
AND AUTHORIZED TO TRANSACT A SURETY BUSINESS IN THE STATE OF OREGON, AS SURETY, ARE HELD AND FIRMLY BOUND
UNTO THE STATE OF OREGON IN THE PENAL SUM OF \$2,500 FOR THE PAYMENT OF WHICH WE HEREBY BIND OURSELVES, OUR
RESPECTIVE SUCCESSORS AND ASSIGNS, JOINTLY AND SEVERALLY, FIRMLY BY THESE PRESENTS.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT WHEN THE ABOVE NAMED PRINCIPAL HAS BEEN ISSUED A CERTIFICATE TO
CONDUCT, IN THIS STATE, A BUSINESS AS A COMMERCIAL DRIVER TRAINING SCHOOL, SAID PRINCIPAL SHALL CONDUCT SUCH
BUSINESS WITHOUT FRAUD OR FRAUDULENT REPRESENTATION, AND WITHOUT VIOLATION OF ANY OF THE PROVISIONS OF ORS
822.500 TO 822.520 AND ADMINISTRATIVE RULES, CHAPTER 735, THEN AND IN THAT EVENT THIS OBLIGATION TO BE VOID,
OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT UNLESS CANCELED PURSUANT TO ORS 743.366.

THIS BOND IS EFFECTIVE _____, _____
(MONTH, DAY) (YEAR)
ANY ALTERATION VOIDS THIS BOND

IN WITNESS WHEREOF, THE SAID PRINCIPAL AND SAID SURETY HAVE EACH CAUSED THESE PRESENTS TO BE EXECUTED BY ITS
AUTHORIZED REPRESENTATIVE OR REPRESENTATIVES AND THE SURETY CORPORATE SEAL TO BE HEREUNTO AFFIXED THIS

_____ DAY OF _____, _____
(DAY) (MONTH) (YEAR)

(PRINCIPAL'S SIGNATURE)

(TITLE)

(SIGNATURE OF SURETY/REPRESENTATIVE)

(TITLE)

SURETY'S AGENT OR REPRESENTATIVE MUST COMPLETE THIS SECTION

IN THE EVENT A PROBLEM ARISES CONCERNING THIS BOND, CALL OR WRITE

NAME

TELEPHONE

ADDRESS

CITY, STATE, ZIP CODE

PLACE SURETY SEAL BELOW

APPROVED BY ATTORNEY GENERAL'S OFFICE



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

COMMERCIAL DRIVER TRAINING SCHOOL CERTIFICATE OF INSURANCE

Mail this form to: DMV Third Party Programs/CDTS, 1905 Lana Ave NE, Salem, OR 97314.

Keep a copy for your records.

NAME OF INSURED

NAME OF DRIVING SCHOOL

SCHOOL LICENSE NUMBER

DRIVING SCHOOL ADDRESS

CITY, STATE, ZIP CODE

An Insurance policy to assure compliance by the insured, as a driving school, with Oregon Motor Vehicle Code and the regulations relating thereto, has been purchased. Further, such policy is in full force and effect on the date hereof and shall not be canceled except upon the expiration of a ten day prior written notice to the DMV and is further described as follows:

POLICY NUMBER

EFFECTIVE DATE

FROM:

TO:

INSURANCE COMPANY NAME (NOT AGENT)

INSURANCE COMPANY PHONE NUMBER

()

INSURANCE COMPANY ADDRESS

CITY, STATE, ZIP CODE

AGENT NAME

AGENT PHONE NUMBER

()

AGENT ADDRESS

CITY, STATE, ZIP CODE

PRINTED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE

TELEPHONE NUMBER

DATE

()

SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE

INSURER'S ADDRESS STAMP OR SEAL (If no stamp attach a business card)

X

COMMERCIAL DRIVER SCHOOL INSURANCE WAIVER

If the school is **only** conducting classroom, and no behind-the-wheel instruction, complete **this** waiver form for filing and maintaining proof of insurance. **Do not complete the insurance certification form.**

I _____ certify that _____
OPERATOR, OWNER, AGENT NAME OF SCHOOL

is not providing any type of "Behind-the-wheel" instruction. If the school conducts "Behind-the-wheel" instruction, it is required by OAR 735-160-0011(1)(e)(A)(B)(C)(D)(E) to file and maintain proof of insurance prior to instruction.

X _____
OPERATOR, OWNER, AGENT SIGNATURE DATE

WHAT IS NEEDED: A Certificate of Insurance must be filed with DMV each time a CDTS applies for a new or renewal business certificate, or when the certificate on file is expired in order to provide continuous coverage.

AMOUNTS OF COVERAGE: The insurance must show coverage in the amount of \$100,000 of bodily injury to or death of one person in any one accident, \$300,000 because of bodily injury to or death of two or more persons in any one accident, and \$50,000 because of injury to or destruction of the property of others in any one accident. ORS 806.040 requires the policy to provide for the payment of judgments.

TERM OF COVERAGE: The school must maintain coverage throughout the license period covered by their business certificate. If the policy **lapses** for any reason, the school must file a new Certificate of Insurance providing continuous coverage with DMV.

COMMERCIAL DRIVER TRAINING SCHOOL INSURANCE REQUIREMENTS

What is needed:

OAR 735-160-0011(1)(e)(A)(B)(C)(D)(E) Proof of insurance; requirements. An applicant or holder of a commercial driver training school certificate may maintain proof of insurance required under ORS 822.515 for issuance or renewal of the certificate by complying with any of the following:

Amounts of coverage:

(1) The school may file a certificate of insurance with the Department of Transportation that complies with all of the following:

- (a) The insurance must be issued to the school.
- (b) The insurance must be issued by an insurance company authorized to do business in this state.
- (c) The insurance must show that the insured has procured and has in effect a motor vehicle liability policy that provides at least the following coverage:
 - A) \$100,000 because of bodily injury to or death of one person in any one accident;
 - B) Subject to the limit for one person, \$300,000 because of bodily injury to or death of two or more persons in any one accident;
 - C) \$50,000 because of injury to or destruction of property of others in any one accident.
- (d) The policy shall designate by explicit description or by appropriate reference all motor vehicles with respect to which coverage is granted.
- (e) The policy shall insure any and all persons using any motor vehicle owned or operated by the school with the consent of the school against loss from the liabilities imposed by law for damages arising out of the operation, use or maintenance of the motor vehicle.

Classroom Only:

An applicant or holder of a commercial driver training school certificate does not need to submit proof of insurance required under ORS 822.515 for issuance or renewal of the certificate if the applicant or holder of the certificate conducts only classroom instruction.