



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

COMMERCIAL DRIVER TRAINING SCHOOL INSTRUCTOR APPLICATION

Original Renewal Correction / Replacement \$200.00 fee enclosed

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

OFFICIAL USE ONLY	VALIDATION USE ONLY:
INSTRUCTOR NUMBER	
EFFECTIVE DATE	
EXPIRATION DATE	

▼ APPLICANT INFORMATION ▼

Will you provide ONLY classroom instruction? YES NO

NAME (LAST, FIRST, MIDDLE)		EMAIL ADDRESS	
STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
DATE OF BIRTH	DRIVER LICENSE NUMBER	HOME TELEPHONE NUMBER ()	

List states in which you were licensed in the last three years:

List previous employers (five years):

▼ SCHOOL INFORMATION ▼

NAME OF SCHOOL		TELEPHONE NUMBER OF SCHOOL ()	
STREET ADDRESS	CITY	STATE	ZIP CODE
I certify that the applicant is employed by the above named school.	SIGNATURE OF EMPLOYER		DATE SIGNED
	X		

▼ MEDICAL INFORMATION ▼

DMV will use the medical information in the following questions only for the purpose of determining your eligibility to drive.
THE ANSWERS TO THE QUESTIONS WILL BE KEPT CONFIDENTIAL.

(1) Do you have a vision condition or impairment that **has not been corrected** by glasses, contacts or surgery that affects your ability to drive safely?
 YES NO

(2) Do you have any physical or mental conditions or impairments that affect your ability to drive safely?
 YES* NO *If "YES": a) What is the condition or impairment?

b) Describe how this affects your ability to drive safely:

(3) Do you use alcohol, cannabis, inhalants, psilocybin or controlled substances to a degree that affects your ability to drive safely?
 YES* NO *If "YES": a) Describe how your use affects your ability to drive safely:

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 APPLICANT X	DATE
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INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR A COMMERCIAL DRIVER TRAINING SCHOOL INSTRUCTOR CERTIFICATE

Who Must Be Certified

Every person who teaches, conducts classes, gives demonstrations or supervises the practice of student drivers for compensation must be certified as a Commercial Driver Training School Instructor. 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 **ODOT/DMV, Third Party Programs/CDTS, 1905 Lana Ave NE, Salem, OR 97314**. Email ThirdPartyPrograms@odot.oregon.gov or download the forms at: www.oregon.gov/ODOT/Forms/DMV/6050bfill.pdf

Submit the completed application to **DMV Third Party Programs, 1905 Lana Ave NE, Salem OR 97314:**

- Completed Commercial Driver Training School Instructor application (DMV form 735-6050B).
- Provide an email address on the application form. The Commercial Driver Training School you are employed by will request a criminal background check. This must be submitted to DMV prior to Instructor certification approval.
- Submit the \$200 application fee. **Third Party Programs can only accept checks or cash in the exact amount.**

Note: For both original and renewal applications, DMV will access your Oregon driving record. You must possess a valid Oregon driver license and a good driving record; or, if from out of state, you must provide a certified copy of your out-of-state driving record. DMV will review your driving record to verify that: 1) you meet the minimum age requirements, 2) you have valid Oregon driving privileges and have held driving privileges from Oregon or another state for at least three years, and 3) you have not been convicted of a traffic crime as defined by ORS 801.545 and OAR 735-160-0005(17) within the past five years.

If your application is approved, DMV will email your Commercial Driver Training School Instructor certificate to the Commercial Driver Training School that employs you.

Certificate Renewals

Commercial Driver Training School Instructor certificates are good for up to two years, but will automatically expire with the School you are connected to. DMV Third Party Programs/CDTS will email a renewal notice to the school.

Grace Period: If the application is received (postmarked) the day BEFORE your certificate expiration date, there is a grace period in which you will remain valid, as long as the certificate of the school you are employed by is valid.

Certificate Replacements/Corrections/Changes

Instructors can apply for a duplicate certificate per OAR 735-160-0110(4)(5)(a)(b). DMV will issue a duplicate instructor certificate and/or instructor's card if the instructor certificate or instructor's card has been lost, mutilated or destroyed. There is no special form for requesting a replacement certificate and/or card. The request must be in writing and submitted to DMV Third Party Programs/CDTS by the operator (owner) or the instructor. The request must clearly explain the reason for the request.

Use of Certificate

An instructor's certificate is not transferable. If an instructor leaves employment with a school, the school must notify DMV about the change and surrender the instructor certificate. If a different school hires the instructor and the instructor still qualifies for a certificate, the instructor must submit a completed application and the required fee. A new background check must be requested by the school that hires you and submitted prior to certification approval.