**DMV Transportation Safety Office**

**Driver Education Program**

**Driver Education Advisory Committee - Application**

*Terms are for three years and end in March.*

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| --- | --- |
| Name: Click here to enter text. | |
| Address: Click here to enter text. | |
| Phone: Click here to enter text. | Alt Phone: Click here to enter text. |
| Email: Click here to enter text. | |

**Experience**

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| --- | --- | --- | --- |
| Organization: Click here to enter text. | | | Supervisor: Click here to enter text. |
| Position: Click here to enter text. | | | Location: Click here to enter text. |
| Length of Experience: | From: Click here to enter text. | To: Click here to enter text. | Other: Click here to enter text. |
| Major Activities: Click here to enter text. | | | |

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| --- | --- | --- | --- |
| Organization: Click here to enter text. | | | Supervisor: Click here to enter text. |
| Position: Click here to enter text. | | | Location: Click here to enter text. |
| Length of Experience: | From: Click here to enter text. | To: Click here to enter text. | Other: Click here to enter text. |
| Major Activities: Click here to enter text. | | | |

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| --- | --- | --- | --- |
| Organization: Click here to enter text. | | | Supervisor: Click here to enter text. |
| Position: Click here to enter text. | | | Location: Click here to enter text. |
| Length of Experience: | From: Click here to enter text. | To: Click here to enter text. | Other: Click here to enter text. |
| Major Activities: Click here to enter text. | | | |

**Education** (College, University, Professional School, Business, Correspondence, Trade, Technical or In-Service Training)

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| --- | --- |
| Name: Click here to enter text. | Location: Click here to enter text. |
| Degree/Certificate (if any): Click here to enter text. | Date Received: Click here to enter text. |

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| Name: Click here to enter text. | Location: Click here to enter text. |
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| --- | --- |
| Name: Click here to enter text. | Location: Click here to enter text. |
| Degree/Certificate (if any): Click here to enter text. | Date Received: Click here to enter text. |

**Briefly describe the reasons you are interested in being considered for the Driver Education Advisory Committee.**

Click here to enter text.

**List any other related experience you wish to be considered (community service, volunteer work, interest, etc.).**

Click here to enter text.

**Please check all that currently apply:**

**Public School/ESD** **Community College** **Commercial Driving School**

Instructor - Classroom  Instructor - Classroom  Instructor - Classroom

Instructor - Behind the Wheel  Instructor - Behind the Wheel  Instructor - Behind the Wheel

Administrator  Administrator  Administrator

Business Manager  Business Manager  Business Manager

Trainer of Trainers  Trainer of Trainers  Trainer of Trainers

At-Large Position

Other: Click here to enter text.

Applicant Signature: Click here to enter text. Date: Click here to enter text.

**Return to:**

Driver Education Advisory Committee

ODOT DMV Transportation Safety Office

Driver Education Program

1905 Lana Ave NE

Salem OR 97314-5000

***Or***

[*ODOTDEMail@odot.oregon.gov*](mailto:ODOTDEMail@odot.oregon.gov)

FAX to: 503.986.3143