



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     \$100.00 fee enclosed

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

<b>OFFICIAL USE ONLY</b>	<b>VALIDATION USE ONLY:</b>
INSTRUCTOR NUMBER	
EFFECTIVE DATE	
EXPIRATION DATE	

## ▼ APPLICANT INFORMATION ▼

Have you completed approved ODOT/TSD courses at WOU?     YES\*     NO    \* Provide a copy of your education certificate.

Are you an approved ODOT/TSD Traffic Safety Education Instructor?     YES     NO    \* Proctored test:     YES     NO

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: \_\_\_\_\_ PREFERRED TEST LOCATION \_\_\_\_\_

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 \_\_\_\_\_

## ▼ 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, inhalants, 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 three 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 \_\_\_\_\_ DATE \_\_\_\_\_

**X**



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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 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](mailto:ThirdPartyPrograms@odot.oregon.gov) or download the forms at: [www.oregon.gov/ODOT/Forms/DMV/6050bfill.pdf](http://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. You will receive an email notification from Advanced Reporting, the company DMV uses to conduct criminal background checks. All instructors must authorize the criminal background check. Follow the instructions to access Advanced Reporting's website.
- Submit the \$100 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 five years, and 3) you have not been convicted of a traffic crime as defined by ORS 801.545 and OAR 735-160-0005(20) within the past five years.

If your application is approved, DMV will schedule a date and time for you to take the examination. The examination includes a written knowledge test covering motor vehicle laws, safe driving practices and a behind-the-wheel driving test. The behind-the-wheel driving test is not required if the instructor only conducts classroom training. **DMV will waive the behind-the-wheel test if you provide proof at time of application that: 1) you completed the ODOT Transportation Safety Division (TSD) driver education courses, 2) you are an approved ODOT/TSD Traffic Safety Education Instructor, or 3) you have completed the approved courses at Western Oregon University (WOU).**

**If you choose to participate in a proctored exam, DMV will reach out to schedule a date and time. All proctored exams are held at DMV Headquarters, 1905 Lana Ave NE, Salem OR 97314.**

If you pass the examination, DMV will mail 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 issued for a calendar year. **All certificates expire on December 31, regardless of the date issued.** DMV Third Party Programs/CDTS will mail a renewal notice to the school.

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- 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 instructors must authorize the criminal background check. Follow the instructions to access Advanced Reporting's website.
- Submit the \$100 application fee. **Third Party Programs can only accept checks or cash in the exact amount.**

**There is NO GRACE PERIOD for renewing the instructor certificate. Any renewal application received after December 31 will be treated as an original instructor certificate application and is subject to the testing requirements.**

### **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, either the school or instructor 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.