



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

# Snowmobile Safety Instructor Application

For Office Use Only

Number \_\_\_\_\_

Issued \_\_\_\_\_

## Applicant Information

NAME (last, first, middle)			EMAIL ADDRESS
ADDRESS			DATE OF BIRTH (month, day, year)
MAILING ADDRESS (if different)			ODL / ID / CUSTOMER NUMBER
CITY	STATE	ZIP	PHONE NUMBER (      )

## Education / Experience

Do you have a high school diploma or the equivalent?  Yes  No

Briefly detail your experience with snowmobiles and give other information that will help establish your qualifications:


## Recommendation

(To be completed by a local snowmobile club or a member of the Oregon State Snowmobile Association.)


SIGNATURE

X

ORGANIZATION

If my application to become a Snowmobile Safety Instructor is approved, I prefer to take the necessary test at the DMV office located in: \_\_\_\_\_  
(CITY)

## Applicant Signature

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that any false statements on this application may result in the rejection of my application and/or revocation of my Oregon Snowmobile Safety Instructor Certificate.

APPLICANT SIGNATURE

X

DATE

# Instructions for Completing an Application for a Snowmobile Safety Instructor Certificate

## Requirements

To be certified as a Snowmobile Safety Education Course Instructor, the applicant must:

- Be at least 21 years of age;
- Have a high school diploma or the equivalent;
- Have been recommended by a snowmobile club or knowledgeable person from the snowmobile industry or the snowmobile association;
- Have a valid Oregon driver's license; and
- Have not been convicted of a felony or misdemeanor involving fraud, dishonesty, or moral turpitude as defined under Oregon Statutes during the three years prior to the date of application.

## Original Certificate Application

- Complete the Snowmobile Safety Instructor Application (Form 735-6616) in its entirety.
- You must provide an email address. You will receive an email notification from Advanced Reporting, the company that DMV uses to conduct criminal background checks. Be sure to check your spam or junk mail if you don't receive the email. Use the instructions and provided link to access Advanced Reporting's website. All instructors must complete the consumer authorization form provided by Advanced Reporting. You will need to enter the following information: your full name, Social Security number, date of birth, and former and current residence addresses for the past 5 years. If you do not complete the background check within five business days, your incomplete application will be returned to you.
- Submit the application to: **DMV Business Licensing Unit, 1905 Lana Ave NE, Salem, OR 97314**. If you have any questions about this application, please call 503-945-5052.
- Be sure to indicate your DMV Field Office location preference for taking the written examination and vision test.