



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

COMMERCIAL DRIVER TRAINING SCHOOL INSTRUCTOR APPLICATION

Original Application Renewal Application \$100.00 fee enclosed

Mail completed application and fee (payable to DMV) to: DMV Business License Unit, 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)

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 X		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:

I hereby certify that the statements in this application are true and correct. I understand that it is against the law to make any false statement 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 et seq.**

SIGNATURE OF APPLICANT X	DATE
------------------------------------	------

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.

Original Certificate Application

- ✓ Complete the Commercial Driver Training School Instructor Application (Form 735-6050B) in its entirety.
- ✓ Submit a COMPLETED AND SIGNED Consumer Authorization Form for DMV to obtain a criminal history report.
- ✓ Submit the application and the fee of \$100.00 to: **DMV Business License Unit, 1905 Lana Ave NE, Salem OR 97314**
- ✓ Be sure to indicate your DMV Field Office location preference for taking the knowledge and drive test examination.

If your application is approved, arrangements will be made for you to complete the licensing 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 drive test is not required if the instructor only conducts classroom training.

Your Commercial Driver Training School Instructor Certificate will be mailed to the Commercial Driver Training School employing you, after you pass the examination.

Certificate Renewals

Commercial Driver Training School Instructor Certificates are issued for a calendar year.

All certificates expire on December 31, regardless of date issued.

- ✓ To renew your Instructor Certificate, you must submit the Commercial Driver Training School Instructor Application (Form 735-6050B), the Consumer Authorization Form and the \$100 issuance fee to DMV Business License Unit, 1905 Lana Ave NE, Salem OR 97314 no later than the expiration date (December 31, each year) of the existing instructor certificate.
- ✓ Complete and sign your authorization for DMV to obtain a criminal history report.

There is NO GRACE PERIOD for renewing the Instructor Certificate. Any renewal application received after December 31st requires reapplication for an original Instructor Certificate and is subject to the testing requirements.

Use Of Certificate

An Instructor's Certificate is not transferable. If an instructor leaves employment with a school, either the school or instructor notifies DMV about the change and surrenders the Instructor Certificate. If the instructor is hired by another school and still qualifies for a certificate, the instructor must submit a new application and fees.

CONSUMER AUTHORIZATION

- I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that General Information Services, Inc., on behalf of Oregon Department of Transportation (Oregon DOT) may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with Oregon DOT's consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with Oregon DOT, and give my full consent for this information to be obtained.

- II. IF APPLICABLE, medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

- IV. I understand that if I am a resident of Minnesota/Oklahoma (only) I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .

- V. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by General Information Services, Inc. to furnish the information described in Section I.

- VI. Communications with General Information Services, Inc. should be directed to: PO Box 353, Chapin SC 29036 or (877) 590-4012.

CANDIDATE COMPLETE THE FOLLOWING:

Signature	Today's Date
Please print full name	
The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.	
Month, Day and Year of Birth	Social Security Number
Home Address	City State Zip
Driver's License Number and State	Name as it appears on License

Have you ever been convicted of a crime?
 No Yes
If yes, please provide city and state of conviction and details of conviction.

**Please provide all addresses at which you have resided for the past 5 years:
If additional space is needed please attach sheets to this form.**

From/To	Home Address	City	State	Zip
From/To	Home Address	City	State	Zip
From/To	Home Address	City	State	Zip
From/To	Home Address	City	State	Zip
From/To	Home Address	City	State	Zip

**Please provide details of your last 3 years of employment (including current employer):
If additional space is needed please attach sheets to this form.**

from / To	Name of Employer	City, State	Your Position
from / To	Name of Employer	City, State	Your Position
from / To	Name of Employer	City, State	Your Position

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the **FCRA**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact General Information Services, Inc.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by (INSERT COMPANY NAME) by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

CANDIDATE, PLEASE FILL OUT THE FOLLOWING:

Announcement # /Posting # _____
 Job Title _____
 Location _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and a phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688 (1-888-5OPT OUT).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

Notice of Amendments to the Fair Credit Reporting Act

The Summary of Your Rights provided above does not reflect recent amendments contained in the Consumer Reporting Employment Clarification Act of 1998. Of importance to you are the following changes to the law:

- Conviction of a crime can be reported regardless of when the conviction occurred.
- If you apply for a job that is covered by the Department of Transportation’s authority to establish qualifications and the maximum hours for such job and you apply by mail, telephone, computer or other similar means, **your consent to a consumer report may validly be obtained orally**, in writing, or electronically. If an adverse action is taken against you because of such consumer report wherein you give your consent to the consumer reporting agency over the telephone, computer, or similar means, **you may be informed** of such adverse action and the name, address and phone number of the consumer reporting agency, **orally**, in writing, or electronically.

These amendments were retroactive to September 30, 1997.

States may enforce, the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051