



## **COMMERCIAL DRIVER TRAINING SCHOOL CERTIFICATE APPLICATION PROCEDURES EFFECTIVE JANUARY 1, 2010**

### **APPLICATION**

You may obtain an original or renewal application for a Commercial Driver School Training Certificate by contacting the **Business Regulation Unit, Driver and Motor Vehicle Services, 1905 Lana Ave NE, Salem, OR 97314**. Phone Number (503) 945-5077 **or you can download the forms off the Internet at:** <http://www.oregon.gov/ODOT/DMV/dealers/commdtrnschool.shtml>. Return the completed application to the same address.

The application for a school certificate must be accompanied with the required fee of \$200, the completed insurance certificate and surety bond forms, a signed authorization for a criminal history report, and a schedule of fees and charges for instruction. The application must be fully completed. **The school name must be registered with the Corporation Division of Secretary of State office and the registry number noted on the application. Contact (503) 986-2200, or download the forms at:** <http://www.filinginoregon.com/forms/business.htm>.

### **RENEWALS**

Both the Commercial Driver Training School and Instructors certificates expire on December 31 each year. (The Business Regulation Section will mail a renewal notice to the school.) DMV requires a properly completed application form, insurance form, criminal history report authorization, and fee for each. Mail to: **Business Regulation Section, Driver and Motor Vehicle Services, 1905 Lana Ave. NE, Salem, OR 97314**. The new driving school certificate is mailed to the school upon processing of the fee, application and insurance forms. An instructor's certificate is also mailed, if applied for and the proper fees have been included.

### **REFUNDS**

There are no provisions in the law for refunds. However, if for any reason a certificate has not been issued, a refund will be considered upon written request.

### **GENERAL INFORMATION**

An applicant for a school certificate or renewal must furnish a surety bond in the amount of \$2,500 executed to the State of Oregon. It shall be on a form approved by the Attorney General.

**GENERAL INFORMATION (CONTINUED)**

An applicant for school certificate or renewal must furnish proof of vehicle insurance in the amounts of \$100,000/\$300,000/\$50,000. Alternate methods for furnishing proof of insurance are: a separate bond in the amount equaling the required insurance limits; a certificate of the State Treasurer that applicant for certificate has deposited \$50,000 in cash or securities; or applicant may furnish evidence that he holds a valid certificate of self-insurance issued by Driver and Motor Vehicle Services.

If the school is only conducting classroom, and no behind-the-wheel instruction, complete the waiver form for filing and maintaining proof of vehicle insurance.

An applicant for school certificate or renewal **MUST COMPLETE AND SIGN** an authorization form for DMV to obtain a criminal history report.

The certificate of vehicle insurance shall be on a form provided by Driver and Motor Vehicle Services. It shall include the provision that it will remain effective unless canceled with 10-day prior written notice to the Driver and Motor Vehicle Services.

If the surety bond is canceled by legal notice, the certificate of the school will be canceled immediately by Driver and Motor Vehicle Services.

**No** driving school certificate is transferable.





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

# COMMERCIAL DRIVING SCHOOL BOND

BOND NUMBER: \_\_\_\_\_

**FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE UNAVOIDABLE DELAY.  
PLEASE TYPE OR PRINT LEGIBLY WITH INK.**

KNOW ALL PERSONS BY THESE PRESENTS (CHECK AND COMPLETE ONE BELOW):

THAT \_\_\_\_\_ DOING BUSINESS UNDER THE NAME OF \_\_\_\_\_  
(INDIVIDUAL)

THAT PARTNERS, \_\_\_\_\_ AND \_\_\_\_\_  
DOING BUSINESS UNDER THE FIRM OF \_\_\_\_\_

THAT \_\_\_\_\_  
A CORPORATION DULY ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF \_\_\_\_\_,  
HAVING PRINCIPAL PLACE OF BUSINESS AT \_\_\_\_\_  
(ADDRESS, CITY, STATE, ZIP CODE)

WITH ADDITIONAL PLACES OF BUSINESS AT \_\_\_\_\_  
(ADDRESS, CITY, STATE, ZIP CODE)

\_\_\_\_\_ (ADDRESS, CITY, STATE, ZIP CODE)

STATE OF OREGON, AS PRINCIPALS, AND \_\_\_\_\_  
(SURETY NAME)

\_\_\_\_\_ (ADDRESS, CITY, STATE, ZIP CODE) \_\_\_\_\_ (TELEPHONE NUMBER)

A CORPORATION ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF \_\_\_\_\_,  
AND AUTHORIZED TO TRANSACT A SURETY BUSINESS IN THE STATE OF OREGON, AS SURETY, ARE HELD AND FIRMLY BOUND  
UNTO THE STATE OF OREGON IN THE PENAL SUM OF \$2,500 FOR THE PAYMENT OF WHICH WE HEREBY BIND OURSELVES, OUR  
RESPECTIVE SUCCESSORS AND ASSIGNS, JOINTLY AND SEVERALLY, FIRMLY BY THESE PRESENTS.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT WHEN THE ABOVE NAMED PRINCIPAL HAS BEEN ISSUED A CERTIFICATE TO  
CONDUCT, IN THIS STATE, A BUSINESS AS A COMMERCIAL DRIVER TRAINING SCHOOL, SAID PRINCIPAL SHALL CONDUCT SUCH  
BUSINESS WITHOUT FRAUD OR FRAUDULENT REPRESENTATION, AND WITHOUT VIOLATION OF ANY OF THE PROVISIONS OF ORS  
822.500 TO 822.520 AND ADMINISTRATIVE RULES, CHAPTER 735, THEN AND IN THAT EVENT THIS OBLIGATION TO BE VOID,  
OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT UNLESS CANCELED PURSUANT TO ORS 743.366.

THIS BOND IS EFFECTIVE \_\_\_\_\_, \_\_\_\_\_  
(MONTH, DAY) (YEAR)  
ANY ALTERATION VOIDS THIS BOND

IN WITNESS WHEREOF, THE SAID PRINCIPAL AND SAID SURETY HAVE EACH CAUSED THESE PRESENTS TO BE EXECUTED BY ITS  
AUTHORIZED REPRESENTATIVE OR REPRESENTATIVES AND THE SURETY CORPORATE SEAL TO BE HEREUNTO AFFIXED THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_  
(DAY) (MONTH) (YEAR)

\_\_\_\_\_  
(PRINCIPAL'S SIGNATURE) (TITLE)

\_\_\_\_\_  
(SIGNATURE OF SURETY/REPRESENTATIVE) (TITLE)

### SURETY'S AGENT OR REPRESENTATIVE MUST COMPLETE THIS SECTION

IN THE EVENT A PROBLEM ARISES CONCERNING THIS BOND, CALL OR WRITE

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

### PLACE SURETY SEAL BELOW

**APPROVED AS TO FORM BY THE ATTORNEY GENERAL**



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

# COMMERCIAL DRIVER TRAINING SCHOOL INSURANCE CERTIFICATION

Mail this form to: DMV Business Regulation, 1905 Lana Ave NE, Salem, OR 97314.

**Keep a copy for your records.**

NAME OF INSURED	
NAME OF DRIVING SCHOOL	SCHOOL LICENSE NUMBER
ADDRESS OF DRIVING SCHOOL	CITY, STATE, ZIP CODE

An Insurance policy to assure compliance by the insured, as a driving school, with Oregon Motor Vehicle Code and the regulations relating thereto, has been purchased. Further, such policy is in full force and effect on the date hereof and shall not be canceled except upon the expiration of a ten day prior written notice to the DMV and is further described as follows:

POLICY NUMBER	EFFECTIVE DATE
	FROM: TO:
INSURANCE COMPANY NAME (NOT AGENT)	INSURANCE COMPANY PHONE NUMBER ( )
INSURANCE COMPANY ADDRESS	CITY, STATE, ZIP CODE
AGENT NAME	AGENT PHONE NUMBER ( )
AGENT ADDRESS	CITY, STATE, ZIP CODE
SIGNATURE OF AUTHORIZED SCHOOL OWNER X	DATE

## COMMERCIAL DRIVER SCHOOL INSURANCE WAIVER

If the school is **only** conducting classroom, and no behind-the-wheel instruction, complete **this** waiver form for filing and maintaining proof of insurance. **Do not complete the insurance certification form.**

I \_\_\_\_\_ certify that \_\_\_\_\_  
OPERATOR, OWNER, AGENT NAME OF SCHOOL

is not providing any type of "Behind-the-wheel" instruction. If the school conducts "Behind-the-wheel" instruction, it is required by ORS 822.510 to file and maintain proof of insurance prior to instruction.

X \_\_\_\_\_ DATE  
OPERATOR, OWNER, AGENT SIGNATURE

**WHAT IS NEEDED:** ORS 822.510 – A Certificate of Insurance must be filed with DMV each time a dealer applies for a new or renewal business certificate, or when the certificate on file is expired in order to provide continuous coverage.

**AMOUNTS OF COVERAGE:** ORS 822.510 requires the policy to provide coverage in the amounts of for each person, for each accident and for property damage. ORS 806.040 requires the policy to provide for the payment of judgments.

**ADDITIONAL STIPULATIONS:** ORS 822.515 requires that the coverage provide each of the following:

- The insurer must give written notice of ANY CANCELLATION of the policy to the Business License Unit.
- The insurer shall **CONTINUE TO BE LIABLE** under the policy until DMV receives the notice of cancellation or until the cancellation date specified in the notice, whichever is later. (**Note:** This means that even if the policy expires and is not renewed, the insurer continues to be liable until DMV receives a notice of cancellation.)

**TERM OF COVERAGE:** The school must maintain coverage throughout the license period covered by their business certificate. If the policy **lapses** for any reason, the school must file a new Certificate of Insurance providing continuous coverage with DMV.

# COMMERCIAL DRIVER TRAINING SCHOOL INSURANCE REQUIREMENTS

## **What is needed:**

**822.510 Proof of insurance; requirements.** An applicant or holder of a commercial driver training school certificate may maintain proof of insurance required under ORS 822.515 for issuance or renewal of the certificate by complying with any of the following:

## **Amounts of coverage:**

**ORS 822.510 requires that the coverage provides each of the following:** (1) The school may file a certificate of insurance with the Department of Transportation that complies with all of the following:

- (a) The insurance must be issued to the school.
- (b) The insurance must be issued by an insurance company authorized to do business in this state.
- (c) The insurance must show that the insured has procured and has in effect a motor vehicle liability policy that provides at least the following coverage:
  - A) \$100,000 because of bodily injury to or death of one person in any one accident;
  - B) Subject to the limit for one person, \$300,000 because of bodily injury to or death of two or more persons in any one accident;
  - C) \$50,000 because of injury to or destruction of property of others in any one accident.
- (d) The policy shall designate by explicit description or by appropriate reference all motor vehicles with respect to which coverage is granted.
- (e) The policy shall insure any and all persons using any motor vehicle owned or operated by the school with the consent of the school against loss from the liabilities imposed by law for damages arising out of the operation, use or maintenance of the motor vehicle.

## **Classroom Only:**

**ORS 822.510(3):** An applicant or holder of a commercial driver training school certificate does not need to submit proof of insurance required under ORS 822.515 for issuance or renewal of the certificate if the applicant or holder of the certificate conducts only classroom instruction.

# 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 certification as a Third Party CDL Examiner, now, or at any time I possess a valid Third Party CDL Examiner Certificate, 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	
<b>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.</b>	
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
<p><b>Have you ever been convicted of a crime?</b>  <input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p><b>If yes, please provide city and state of conviction and details of conviction.</b></p>	

**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](http://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](http://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](http://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](http://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](http://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:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
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