



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)			
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
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If my application for an Snowmobile 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 Instructor Certificate.

I give consent for DMV to check my name through the Oregon State Police Central Bureau of Criminal Identification.

APPLICANT SIGNATURE X	DATE
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