

SPENCER J. COX
Governor

**DEIDRE HENDERSON** *Lieutenant Governor* 

### **Department of Public Safety**

JESS L. ANDERSON Commissioner

Driver License Division CHRISTOPHER CARAS Director

| For Department Use Only |
|-------------------------|
| Date Received:          |
| Approved By:            |
| Issued License No:      |
| Date Issued:            |
| Date Expires:           |
| Date Dup Issued:        |

# COMMERCIAL DRIVER TRAINING INSTRUCTOR / OPERATOR CERTIFICATION APPLICATION

| ☐ Origina SECTION 1:                     | al      |                               | RETURN CO.<br>Attention: Co.<br>Driver Licen<br>P.O. Box 1445<br>Salt Lake Cit | oulter Bald<br>se Divisio<br>501 | les / Kam<br>n       | ie Olsen |
|--|---------|-------------------------------|--|----------------------------------|----------------------|----------|
| Name of Applicant (Last, First, Middle): |         |                               |  |                                  | Date of Application: |          |
|  |         |                               |  |                                  |                      |          |
| Home Address (Street, City, State, Zip): |         |                               |  |                                  |                      |          |
| Home Phone:                              |         | Social Security Number:       |  | Utah Driver License Number:      |                      |          |
|  |         |                               |  | No:                              |                      | Exp:     |
| Business Phone:                          |         | Place of Birth (City, State): |  |                                  |                      |          |
| Date of Birth:                           | Weight: | Height:                       | Hair Color:  | Eye Color                        | :                    | Sex:     |
| Email Add                                | ress:   |                               |  |                                  |                      |          |

#### **SECTION 2: EDUCATION**

| Education (Circle H  | ghest Grade C   | ompleted):          |  |                             |              |  |
|--|---|---------------------|--|-----------------------------|--------------|--|
| Grade School   | High  | High School College |  | Other Explain               | :            |  |
| 1 2 3 4 5 6 7 8  | 9 10  | 11 12               | 1 2 3 4 5 6  |                             |              |  |
| Have you successfully completed a course in driver education at an accredited college, university or an approved Instructor Certification Course?  (If "Yes" complete the following area.)  Yes No   |   | university I        | hool, college, or<br>nstructor Certification<br>s completed: | Location: City: State Date: |              |  |
| SECTION 3: OPERATOR INFORMATION  1. Will you serve as an operator for the driver training school?  |   |                     |  |                             |              |  |
| Yes No(if no move on to section 4)  Please write the name of the school and branch offices that the operator will oversee.   |   |                     |  |                             |              |  |
| Location Address   |   |                     |  |                             | Phone Number |  |
|  |   |                     |  |                             |              |  |
|  |   |                     |  |                             |              |  |
|  |   |                     |  |                             |              |  |
|  |   |                     |  |                             |              |  |
|  |   |                     |  |                             |              |  |
| <ol> <li>Does the operator applicant have 6 college semester credit hours or eight college quarter credit hours in business related courses through an accredited college or university?         (Transcripts must be attached) Yes No     </li> </ol> |   |                     |  |                             |              |  |
| 3. Does the operator applicant have two years experience operating a business? (A document must be attached detailing responsibilities) Yes No   |   |                     |  |                             |              |  |
| 4. Does the operator applicant have a combination of college credit and business experience? (Attach transcripts and document detailing responsibilities) Yes No   |   |                     |  |                             |              |  |
| 5. Has the ope   | Has the operator applicant attached a copy of a business plan? Yes No |                     |  |                             |              |  |

## **SECTION 4: INSTRUCTOR EMPLOYMENT INFORMATION**

List the name and address of the commercial driver training school at which you are (or expect to be) employed.

| Name of School:   | Address (Street, City, S  | Address (Street, City, State, Zip): |  |  |
|---|---|-------------------------------------|--|--|
|   |   |                                     |  |  |
| Endorsement from scho   | ool operator:   |                                     |  |  |
| I certify that I am the ov  | wner of(School N  | and                                 |  |  |
|   | (School N   | ame)                                |  |  |
| that(Employees :  | is employe  | ed by me as an instructor           |  |  |
| (Employees  | name)   |                                     |  |  |
| (Signatu  | re of school operator)  | (Date)                              |  |  |
|   | NT HISTORY ory for the past 3 years, most receif extra space is needed) | ent first:                          |  |  |
| Company Name:   | Address:  |                                     |  |  |
| Responsibilities:   | Reason For Leaving:   | Employed                            |  |  |
|   |   | From:<br>To:                        |  |  |
| Company Name:   | Address:  |                                     |  |  |
| Company Numer   | Tradition.  |                                     |  |  |
| Responsibilities:   | Reason For Leaving:   | Employed                            |  |  |
|   |   | From:                               |  |  |
|   |   | To:                                 |  |  |
| Company Name:   | Address:  |                                     |  |  |
| 1 3   |   |                                     |  |  |
| Responsibilities:   | Reason For Leaving:   | Employed                            |  |  |
|   |   | From:                               |  |  |
|   |   | To:                                 |  |  |
| Responsionnes.  | Reason For Leaving.   | From:                               |  |  |
| SECTION 6: QUESTIONS  |   |                                     |  |  |
| All questions must be fully answered provided in the next section.) | : (If you answered Yes to any of the que                                | estions, an explanation must        |  |  |
| 1. Have you ever been known Yes No                                  | own by any other name other than the or                                 | ne shown on the personal his        |  |  |
| 2. Have you ever been con   | nvicted of a felony? YesNo  |                                     |  |  |
| PO Box 144501 Salt Lake (   | City, Utah 84114-4501 • telephone (801) 96                              | 5-4437 • www.dld.utah.gov           |  |  |

| 3.     | Have you ever been convicted of automobile homicide? YesNo   |
|--------|--|
| 4.     | Have you ever been convicted of negligent homicide? YesNo  |
| 5.     | Have you ever been convicted of driving under the influence of alcohol? Yes No   |
| 6.     | Have you ever been convicted of driving under the influence of drugs? YesNo  |
| 7.     | Have you ever been convicted of leaving the scene of a traffic accident involving death or personal injury? Yes No   |
| 8.     | Have you ever been convicted of perjury or making of any false statements relating to any portion of the Utah Motor Vehicle Law? Yes No                                    |
| 9.     | Have you ever been convicted of any traffic violations other than parking violations? Yes No   |
| 10.    | Have you ever been convicted of any crime involving moral turpitude? YesNo   |
| 11.    | Have you ever been convicted of any misdemeanor other than traffic violations? Yes No  |
| 12.    | Are you now involved with any charges or court proceedings relating to the matters stated in questions 2, 3, 4, 5, 6, 7, 8, 9, 10, or 11? <b>YesNo</b> Circle Question No. |
| 13.    | Has your license to drive in Utah, or in any other state, ever been refused, disqualified, cancelled, suspended, or revoked? Yes No  |
| 14.    | Has your commercial driver training school instructor's license ever been refused, disqualified, cancelled, suspended, revoked or placed on probation? YesNo               |
| 15.    | Are there any motor vehicle accident judgments pending against you as yet unsatisfied? Yes No  |
| EXPLAN | NATIONS:   |
|        |  |
|        |  |

#### **SECTION 7: AGREEMENT**

The Commercial Driver Training Instructor/ Operator named herein, in consideration of their mutual duties and responsibilities set forth herein, agree to the following:

- 1. Comply with all applicable statutes and regulation of the State of Utah and the Federal Highway Administration.
- 2. Read, understand, abide by and comply with all the requirements stated in the Certification on Licensed Instructors of Commercial Driver Training Schools (Administrative Rule R708-2).

| 3. Permit the State to conduct on-site inspections at least annually or more often when deemed necessary by the Division.   |  |
|---|--|
| 4. Any material change affecting the answers or statements in this schedule must be reported immediately to: Utah Department of Public Safety, Driver License Division, PO Box 144501, Salt Lake City, Utah 84114-4501 attn: Driver Education Manager. To knowingly make a false statement or conceal a material fact in this application is a criminal offense and may result in the refusal to issue, denial or revocation of your commercial driver training instructor license. |  |
| SECTION 8: CONDITIONS  The undersigned swears (affirms) that he or she has read the entire foregoing personal history schedule; that he she know the contents thereof; and that all answers, statements and all other matters contained therein are true in substance and in fact.  |  |
| (Applicant Signature)   |  |
| Subscribed and sworn to me this day of 20   |  |

Program Coordinator