



KENTUCKY STATE BOARD FOR PROPRIETARY EDUCATION

P.O. Box 1360, Frankfort, Kentucky 40601 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
Phone (502) 564-3296 Extension 237, Fax (502) 696-5890 ~ <http://bpe.ky.gov>

APPLICATION FOR LICENSURE AS A COMMERCIAL DRIVER LICENSE TRAINING SCHOOL SKILLS INSTRUCTOR

INSTRUCTIONS

1. This application shall be typed or printed legibly and completed in its entirety.
2. A recent passport-type photograph, 2" x 2", shall be submitted with this application.
3. This application and all supporting material shall be submitted with the application fee of One Hundred Fifty Dollars (\$150.00). The application fee and contribution must be paid separately. These fees are non-refundable. All fees must be paid by check or money order made payable to the **Kentucky State Treasurer**. DO NOT SEND CASH.
4. Attach a copy of your current Class-A Commercial Driver's License.
5. Attach continuation sheets if more space is needed to provide information.
6. Refer to KRS 165.480 and 201 KAR 40:070
7. This completed application may be submitted to the Kentucky State Board for Proprietary Education either by mail to P.O. Box 1360, Frankfort, Kentucky 40602, or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

First Name	Last Name	Middle Initial	Date
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Home Street Address	City	State	Zip Code
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Telephone Number	Cell Phone Number	Email Address
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Social Security Number	Date of Birth	Height	Weight
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Name of School

Home Street Address	City	State	Zip Code
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Projected Date of Employment	Position Title
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List specific duties to be performed

1. Have you ever had an instructor license before? Yes No
2. Have you ever been refused an instructor's license in any state or had it revoked or suspended? Yes No
3. Have you ever been dismissed from any position for immoral or unprofessional conduct? Yes No
4. Have you ever been convicted of a felony violation of the law? Yes No

If you answer yes to any of the questions above, please explain the circumstances fully on a continuation sheet, marked Exhibit A.





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EDUCATION

SCHOOL NAME AND LOCATION (High School, GED, Technical, Trade, College, etc.)	COURSE COMPLETED OR DEGREE EARNED	FROM	TO

COMMERCIAL OVER THE ROAD DRIVING EXPERIENCE

NAME OF COMPANY	BUSINESS PHONE NUMBER	FROM	TO

TEACHING EXPERIENCE

NAME AND LOCATION	SUBJECTS	FROM	TO

CRIMINAL BACKGROUND CHECKS

State law requires a state and national criminal history background check of all commercial driver license training instructors. Any person who refused to submit to a criminal history background check shall not be eligible to apply for, or be issued a license to operate a CDL driver training school.

CERTIFICATION

We certify that the contents of this commercial driver license training instructor application packet as submitted to the Kentucky State Board for Proprietary Education is true and correct in its entirety. In addition, I hereby pledge to follow all laws, administrative regulations, and standards set for under Kentucky Revised Statutes Chapter 165A.

Signature of Instructor

Date

Signature of Authorized School Official

Date