



Certified Instructor Application Commercial Driver Training Programs

The personal information is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*. It will be used in the administration of Alberta Transportation, Driver Programs and Licensing Standards' policies and programs, including determining your qualifications to be a Commercial Driver Training Programs Instructor in Alberta and will be shared with the training institute you identify for instructor training. Questions about the collection of this information may be directed to Alberta Transportation, Driver Programs and Licensing Standards, 4999-98 Avenue NW, Edmonton AB T6B 2X3, Telephone: 780-427-8901, Fax: 780-427-0833, Email: trans.driver_prog@gov.ab.ca.

Please Print or Type

First Application Renewal Application

| | | | | |
|---|------------------|-----------------------------|-----------------------------|-------------|
| Last Name | First Name | Second Name | Date of Birth (yyyy/mm/dd) | |
| Address | | City/Town | Province | Postal Code |
| Telephone Number | | Email Address | | |
| Operator's Licence Number | Class of Licence | Conditions and Endorsements | Licence Expiry (yyyy/mm/dd) | |
| Name of Employee Driver Training Agency | | | Business Telephone Number | |
| Address | | City/Town | Province | Postal Code |

CHECK (✓) THE DRIVER TRAINING PROGRAM FOR WHICH YOU ARE APPLYING:

- Air Brake Program *First Application Only*; Indicate which institute you wish to attend for instructor training: N.A.I.T. S.A.I.T.
- School Bus Driver Improvement Program
- Long Combination Vehicles Program
- Defensive Driving Course (DDC)
- Professional Driver Improvement Course (PDIC)

YOU MUST PROVIDE APPROPRIATE REQUIRED SUPPORTING DOCUMENTATION WITH THIS APPLICATION AS OUTLINED IN THE CERTIFIED DRIVER INSTRUCTOR REQUIREMENTS INFORMATION SHEET.

AIR BRAKE RENEWAL ONLY

Total number of air brake course components completed within the 24 month period preceding this application:

| | | | |
|--------------------|-----------------------------|---------------------------|--|
| Classroom Sessions | Practical Training Sessions | Practical Tests Conducted | Name of Agency at which this instruction was given |
|--------------------|-----------------------------|---------------------------|--|

Confirmed by Authorized

| | |
|--|----------------------|
| Agency Representative: _____ (Print Name) | _____ (Signature) |
|--|----------------------|

I hereby make application to Alberta Transportation for an Instructor's Certificate, and certify that the information contained in this application is correct. I agree to abide by the directives contained within the Certified Employee Driver Training Procedures manual. I authorize Alberta Transportation to review my driving record prior to certifying and at any time while I am certified as an Instructor. I agree to notify Alberta Transportation of any changes in my operator's licence status or conditions that would affect my ability to legally operate a motor vehicle to conduct driving training. I agree to inform Alberta Transportation if I am charged and/or convicted of any criminal offence while I am certified as an Instructor. I agree that if my Instructor's Certificate is suspended or cancelled, the authorized organization(s) with which I am employed may be notified.

Signature of Applicant

Date (yyyy/mm/dd)

MAIL/DELIVER THE APPLICATION WITH REQUIRED SUPPORTING DOCUMENTATION TO THE APPROPRIATE REGIONAL OFFICE.

| | |
|--|--|
| Alberta Transportation Driver Programs and Licensing Standards South Region 1 st Floor, 803 Manning Road NE CALGARY AB T2E 7M8 Telephone: 403-297-8679 Fax: 403-297-8682 | Alberta Transportation Driver Programs and Licensing Standards North Region Room 109, 4999 - 98 Avenue NW EDMONTON AB T6B 2X3 Telephone: 780-427-8901 Fax: 780-427-0833 |
|--|--|

ADMINISTRATION USE ONLY

First Application Only

Air Brake Requirements:

- | | |
|--|---|
| <input type="checkbox"/> Successfully completed an approved air brake endorsement program, AND | <input type="checkbox"/> An Alberta Heavy Equipment Technicians Certificate with experience in repairing and maintaining air brakes; OR |
| <input type="checkbox"/> Minimum of three years experience operating vehicles with airbrakes; OR | <input type="checkbox"/> Instructor status in an educational institute that teaches air brakes courses and is recognized under the <i>Post-Secondary Learning Act</i> |

School Bus Driver Improvement Requirements:

- | | |
|---|---|
| <input type="checkbox"/> Class 1, 2 or 4 operator's licence with an "S" endorsement; AND | <input type="checkbox"/> An administrator providing school bus training; OR |
| <input type="checkbox"/> Min. of 3 years school bus driver experience the past five years; OR | <input type="checkbox"/> A Class 2 driver instructor's licence. |

Long Combination Vehicle Requirements:

- | | |
|--|--|
| <input type="checkbox"/> Class 1 operator's licence and have successfully completed an approved air brake endorsement program, AND | <input type="checkbox"/> A full-time supervisor of a firm operating not less than 15 tractor-trailers; OR |
| <input type="checkbox"/> Successfully completed a long combination vehicles program, AND | <input type="checkbox"/> Licensed driver instructor employed by a licensed driver training school to present this program; OR |
| <input type="checkbox"/> Min. 3 years experience as a tractor-trailer operator; OR | <input type="checkbox"/> Instructor employed by an educational institute that teaches air brake courses and is recognized under the <i>Post-Secondary Learning Act</i> . |

Is the instructor currently certified: Yes No If yes, indicate program(s): _____

Application Status: Approved Denied Date: _____ Administrator Signature: _____
(yyyy/mm/dd)

Copy of Instructor Training results attached

Renewal Application Only

Operator's Licence Classes and Endorsements: _____

Operator's Licence Expiry Date: _____
(yyyy/mm/dd)

Minimum Course Components met

No Outstanding Fines / Account Balances Verified

| | | | |
|---------------------|---|--|------------------------------|
| Certificate Number: | Effective Date: <small>(yyyy/mm/dd)</small> | Expiry Date: <small>(yyyy/mm/dd)</small> | Licensing Officer Signature: |
| | | | |