



INSTRUCTOR APPLICANT CERTIFICATION LOG

For Department Use Only
Bureau of Driver Licensing • 1101 S. Front St. • Harrisburg, PA 17104-2516

Instructor Applicant's Name: _____
(Please Print Name)

Driver License Number: _____

Supervising Instructor Coordinator Approval (Must be obtained prior to attending class)

Name: _____

Number: _____

Signature: _____

Training Instructor Coordinator's Name: _____

Training Instructor Coordinator's Number: _____

Topics: (All Topics Must Be Covered)

- | | |
|--|--|
| <input type="checkbox"/> Introduction & Instructor's Overview | <input type="checkbox"/> Completion of Paperwork |
| <input type="checkbox"/> Meets 2 years CDL and all endorsements training | <input type="checkbox"/> Use of Resources |
| <input type="checkbox"/> Administrative Procedures | <input type="checkbox"/> Entry Level Driver Training in accordance with 49 CFR 380.503 |
| <input type="checkbox"/> Title 67, Chapter 71 | <input type="checkbox"/> Course Summary |
| <input type="checkbox"/> Instructor's Guide to Training Drivers | <input type="checkbox"/> Post Test |
| <input type="checkbox"/> Using the Instructor's Manual | |
| <input type="checkbox"/> Using Pub 223 | |

Training Date	Instructor Coordinator Number	Training Start Time	Training End Time	Break Time (List all Breaks)	Total Training Hours Per Date

I Have Completed _____ Hours of Instructor Training.

The signatories below hereby certify under penalty of law that the information contained herein is true and correct. WARNING: Falsification to authorities is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to 1 year (18 PA C.S. Section 4904 (b)).

Instructor's Signature

Date

Training Instructor Coordinator's Signature

Date