



# 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>

## RENEWAL 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 shall 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 form 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

Home Street Address City State Zip Code

Telephone Number Cell Phone Number Email Address

Social Security Number Date of Birth Height Weight

Name of School

Home Street Address City State Zip Code

Projected Date of Employment Position Title

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 TELEPHONE 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