



# KENTUCKY COMMISSION ON PROPRIETARY EDUCATION

300 Sower Boulevard, Frankfort, Kentucky 40601  
Phone (502) 564-4185 <http://kcpe.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 in accordance with 791 KAR 1:070. 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 791 KAR 1:070.
7. This completed application may be submitted to the Kentucky Commission on Proprietary Education by mail or to 300 Sower Boulevard, 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

### COMMERICAL 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

I certify that the information provided on this application as submitted to the Kentucky Commission on Proprietary Education is true and correct in its entirety. I further certify that the applicant named above is of good moral character and will be employed by the school named above after receiving a permit issued by the Kentucky Commission on Proprietary Education. In addition, I hereby pledge to follow all standards set out in KRS Chapter 165A and all rules and regulations set out in 791 KAR Chapter 1-

Signature of Instructor

Date

Signature of Authorized School Official

Date

