



Pre-CDL Instructor Qualifications

Training Provider Name	
Instructor Primary Facility TPR Number	
Classroom Facility Address	
CDL Skills Range Facility Address	
Full Name of Pre-CDL Instructor	
Instructor is Qualified To Teach CDL Courses in More Than One State <i>*If Yes, Which State(s)?</i>	<input type="checkbox"/> YES* <input type="checkbox"/> NO
Instructor Holds A Valid CDL <i>*If No Is Checked, Please Explain In Detail Instructor Training Responsibilities.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO*
Instructor Drivers License Credentials	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C CDL Classification
Restrictions Listed On Instructor's CDL- (If Any)	Restrictions (i.e.)- Airbrake, Manual Transmission, Combination
Endorsements Listed On Instructor's CDL (if Any)	Endorsements (i.e.)- Hazmat, Tanker, Double/Triple, Passenger, School Bus
State That Issued Original CDL License To Instructor	
Date Original CDL Was Issued From State [Date From MVR]	



Pre-CDL Instructor Qualifications

Date Of Renewal For Instructor CDL- [Date On License]

Third Party Examiner Certificate - [If Applicable]

YES NO

Date Issued

State

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Completed CVTA Instructor Certification Course(s)

YES NO

Date Issued

Level Achieved

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Date Of Last DOT Physical - [Date On Medical Card]

Renewal Date Of DOT Physical- [Date On Medical Card]

FMCSA Registry Number Of Physician - [Listed On Medical Card]

Date Last Instructor MVR Was Run - [Run MVR Yearly]

Date Of Last Dot Drug Screen

Check All That Apply To Instructor

Classroom Instructor

YES NO

If Classroom instructor only, does the Instructor have 2 or more years of industry experience and meet state requirements?

YES NO

BTW- Range Instructor

YES NO

BTW- Road Instructor

YES NO

If BTW Instructor, Does The Instructor Have 2 Or More Years as A BTW Instructor And Meet State Requirements?

YES NO



State Specific Pre-CDL Instructor Qualifications

Additional State Imposed Qualification Requirements for Pre-CDL Instructors?

Instructor Is Approved to Conduct CDL Courses At this State Approved TPR Number Facility

YES NO

State Imposed Minimum Experience Requirements For Instructors?

YES NO

Does Your State Instructor Qualification Requirements Exceed Or Differ From Federal ELDT Requirements?

YES NO

If Yes, What Are The Differences In Qualification Requirements For Instructors?

State License/State Certification Required For Instructors

YES* NO

If Yes*, please list and describe all STATE REQUIRED Instructor certification(s), training(s) and/or professional development requirements Instructors will need to satisfy before teaching an approved program under the approved Post Secondary Training Provider in the state.

State Requires A Valid CDL For Instructors

YES NO



Pre-CDL Instructor Qualifications

Training Provider Retains The Following Documents In This Pre- CDL Instructor's Driver Qualification (DQ) File:

<u>Document Title</u>	<u>YES/NO</u>		<u>Effective Date(s)</u>
Application for Employment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Verification of Employment Eligibility (I-9)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Request for Check of Driving Record	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Motor Vehicle Record (MVR) Report / Annual Review	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DOT Physical	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Medical Examiner Registry Verification Certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Medical Examiner Certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Pre-Employment Drug & Alcohol Screen Results Authorized by Training Provider	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Record of Road Test	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Certificate of Road Test	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Driver Statement of On-Duty Hours	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Record of Violations/Annual Review Certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Driver Qualification and Identification Certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Previous Employer Safety Performance History Check or Equivalent Exemption.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Certificate of Compliance with CDL Requirements	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Entry Level Driver Training (If needed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Previous Employment Drug & Alcohol Testing Disclosure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Drug & Alcohol Certified Receipt	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Drug & Alcohol Test Notification	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Required Drug & Alcohol Coaching/Training For Supervisors	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Copy of Current CDL License	<input type="checkbox"/> YES	<input type="checkbox"/> NO	



Training Provider Facilities

Facility TPR Number

Classroom Facility Address

Issuing Authority of Certificate of Occupancy

Date Approved	Date of Renewal	Last Site Inspection

Certificate Displayed On-Site [If Required]

YES NO

CDL Skills Range Facility Physical Address

**If Separated or "Off Site" From Approved Classroom Facility Location*

Issuing Authority of Certificate of Occupancy

Date Approved	Date of Renewal	Last Site Inspection

Certificate Displayed On-Site [If Required]

YES NO

Other State-Local Operational and Facility Related Compliance Requirements [If Applicable]

Insert DocShare Links, Web URL(s) or Embed Files Below	
1.) Classroom Facility Certificate of Occupancy	
2.) Classroom Facility Specs / Floor Plans	
3.) CDL Skills Range Facility Certificate of Occupancy	
4.) CDL Skills Range Facility Specs / Shelter Floor Plans	
Electronic Document Submission is Encouraged [if Available]	



Training Provider Equipment

Location TPR Number	
US DOT Number:	

List all major equipment items that will be used by students during their Pre-CDL training program at this individual Training Location. DO NOT give a comprehensive list of all school owned/leased training equipment. If a Training Provider has multiple locations; ONLY list training equipment used for Pre-CDL training a single TPR registered training location.

Equipment Item & Type	Transmission/ Gear Ratio or Trailer Length [*as Applicable]	License Plate Number	State	Make	Model	Year	Vin/Serial Number	Current DOT Inspection Renewal Date	Federal or State DOT Inspection Performed?	Equip. Used for Pre-CDL Training on Public Road?	IFTA Cab Sticker Required?

Backing Manuevers Daily Trip Sheet

Institution Name						
Location						
Instructor Name						
Date						
Student Name						
Method of Tracking Hours	[Please Indicate how you track hours (e.g. times stations based on ratios, ELDs, or other methods)]					
Time Start						
Time Finished						
Manuever Attempted	Grade	Grade	Grade	Grade	Grade	Grade
Straight Line						
90 Degree Alley Dock						
45 Degree Alley Dock						
Offset Back Left						
Offset Back Right						
Parallel Park Blind Side						
Pre-Trip*						
Enroute*						
Post Trip*						
Coupling/Uncoupling						
Get-Out and Look (GOAL)						
Total Range Hours						
Instructor Signature						
Student Signature/Initials						



Entry Level Driver Training Provider Master Trip Sheet

Name of Training Provider:					
Location:					
Name of Student Driver:					
Name(s) of Instructor(s)					
Type of Vehicle					
Document date/start time/end time of each range training session/road trip					
Skill	Date/Time of Proficient Demonstration (must perform maneuver correctly at least x times and at least y times in a row)				
1. Vehicle Inspection	#1	#2	#3	#4	#5
Pre-trip (including air brake test if applicable)					
En-Route					
Post-trip					
2. Driving Technique					
Range					
Date/Time Proficient Demonstration occurred	#1	#2	#3	#4	#5
Straight-Line Backing					
Off-set Backing					
45/90 Degree Alley-Dock Backing					
Parallel Parking (Blind Side)					
Parallel Parking (Site Side)					
Coupling/Uncoupling (if applicable)					
Left Turns					
Right Turns					

Road					
Date/Time Proficient Demonstration occurred	#1	#2	#3	#4	#5
Left Turns					
Right Turns					
Lane Changes					
Curves at Highway Speeds					
Upshifting (if applicable)					
Downshifting (if applicable)					
Communications/Signaling - including turn signals					
Braking					
Passing					
Speed Management and Space Management					
Hazard Perception and Visual Search					
Safe Driving Behavior					
Railroad Crossing (where possible)*					
3. Hours of Service Record-keeping					
Practice completion of driver's daily log and/or logbook recap					
TOTAL HOURS FROM ALL TRIP SHEETS					
Total Hours Range					
Total Hours Road					
Total Hours Pre-Trip/Post-Trip					
Total Hours Coupling/Uncoupling					
Total Hours					
Instructor signature(s)					