California Department of Education Office of School Transportation OST-002 (Revised 08/2019)

Applicant Information

Delegated Behind-the-Wheel Trainer Application

Instructions: Completed application, attachments, and applicable fees must be mailed to the Office of School Transportation (OST) at 825 Riverside Parkway, Suite 110, West Sacramento, CA 95605. Application packets may not be submitted electronically.

Name:	County:
Home Address: _	City and ZIP:
Phone Number: _	Personal Email:
Employer Info	rmation
Primary Employe	: County:
Work Address:	City and ZIP:
Work Phone:	Work Email:
Employed Since:	
California <i>Edu</i>	cation Code (EC) Requirements
written and driving	instructor shall verify that the applicant has successfully completed the required governmence tests by handwriting his or her initials and instructor ID number on the ach training category.
	Successful completion of all training in the latest edition of the Instructor's Behind-the-Wheel Guide for California's Bus Driver's Training Course by, and in the presence of, a state certified instructor of the appropriate class (40084.5[b][5] EC).
	Successful completion of a written assessment test on current laws, regulations, and policies given by, and in the presence of, a state certified instructor of the appropriate class (40084.5[b][6] EC).
	Successful completion of a driving test and a behind-the-wheel training performance test on all phases of behind the wheel vehicle inspection training. The test shall be given by, and in the presence of, a state certified instructor of the appropriate class (40084.5[b][7] EC).

Education Requirement Education Code 40084.5(b)(3) requirement: High School Diploma GED or Other Equivalency DD Form 214 Associate Degree or Higher Level College **Commercial Driving History** Education Code 40084.5(b)(1) requirement: One year of experience as a driver of the appropriate type and size vehicle immediately preceding the date of selection as a delegated behind-the-wheel trainer. Previous Work History: Job Title: From: To: Employer: **Legal History** Instructions: Check each box for which the following statement is true, and briefly describe each incident on the following lines. You have committed a traffic violation within the past three years. You have been involved in a traffic collision, reported or otherwise, within the past three years. Your driving privilege has been suspended, revoked, or on probation at any time. Your California Special Driver Certificate has been suspended or revoked at any time. You have been convicted of any crime or public offense, other than traffic, at any time. Location: Description of Event: Date:

Behind-the-Wheel Evaluation

Instructions: The applicant must be evaluated in a vehicle of the same size, weight, and type for which the delegated behind-the-wheel trainer rating is sought. The instructor shall verify that the applicant has met the minimum standards for both driving and instructional competency by handwriting her or his initials and instructor ID number on the lines adjacent to each Skills Level. The final appraisal shall only be administered by a state-certified instructor of the appropriate class; therefore, the applicant's instructional competency for Skills Level 7 does not need to be verified.

Vehicle Specific	cations:				
Make:		Year:	Capacity:	Type 1 or 2:	
Engine:		Transmission:	Bra	Brake System:	
Skills Levels Co	ompetency:				
Driving:	Instructional:				
		_ SL1: Basi	c Vehicle Familiarizat	tion and Movement	
		_ SL2: Pred Fundame	_	cle Movement and Driving	
		_ SL3: Tran	smission Control and	Shifting Procedures	
		_ SL4: Defe	ensive Driving		
		_ SL5: Pass	senger Loading and U	Inloading Procedures	
		_ SL6: Eme	rgency Procedures		
		SL7: Fina	l Appraisal		
Confirmation	n				
	gnatures certify thatures must be ha		provided in this appli	cation is complete and	
Applicant Signa	ature:			Date:	
Employer Signa	ature:			Date:	
Employer Phon	ne:	Em	nployer Email:		
Instructor Signa	ature:			Date:	
			ID Number:		
	ne:		tructor Email:		

Required Attachments Checklist

Instructions: Please use the checklist below to ensure that you have included all required items with your completed application. Copies of credentials must be legible and display both the front and back when appropriate. Application and test fees may be paid by check or money order, made out to "California Department of Education" or "CDE" and mailed to the Office of School Transportation at 825 Riverside Parkway, Suite 110, West Sacramento, CA 95605. Cash payments and purchase orders are not accepted.

Appli	cation fee of \$35				
Testir	ng fee of \$1,500				
Сору	of "driver" CDE Training Certificate Form T-01				
Origir	nal "delegated trainer" CDE Training Certificate Form T-01				
Сору	opy of commercial driver license				
Сору	Copy of California Special Driver Certificate				
Copy of Medical Examiner's Certificate					
Copy of first aid certificate (if applicable)					
Department of Motor Vehicles (DMV) Driver Record printout (no older than 30 days)					
Accid	Accident reports (for any traffic collision occurring within the past three years)				
Writte	en exam (administered and graded by a state-certified instructor)				
Verifi	cation of high school level education (the following documents satisfy this requirement)				
	Copy of high school diploma or				
	Official high school transcripts (in a sealed envelope from the issuing institution) or				
	Copy of General Educational Development (GED) certificate or				
	Copy of High School Equivalency Test (HiSET) certificate or				
	Copy of Test Assessing Secondary Completion (TASC) certificate or				
	Copy of US Department of Defense DD Form 214 (stating completed grade level) or				
	Copy of associate degree or higher level college degree				