



LABOR-MANAGEMENT
TRAINING TOGETHER

Operating Engineers' Regional Training Program

16921 Vantage Highway, Ellensburg, WA 98926

Telephone: (509) 968-3203 ext 225 ~ Fax: (509) 968-4422

Website: www.oetraining.com ~ E-Mail: diana@oetraining.com



CDL A & B Waitlist Placement Policy

IMPORTANT! Instructions for placement on CDL waitlist

Please complete the following checklist AND send copies to the Training Center to be placed on CDL A or B waitlist:

- Add a Commercial Learner's Permit (CLP) to your Washington driver's license.
 - For a CDL Class A Permit: You **MUST PASS** General Knowledge, Combo A and Air Brakes written tests at your local Department of Licensing.
 - For a CDL Class B Permit: You **MUST PASS** General Knowledge and Air Brakes written tests.
- Obtain a Complete Driving Record from the Department of Licensing.
- Obtain a DOT physical card from a Medical Examiner on the NATIONAL REGISTRY
– See below for the Commercial Driver Fitness Determination Form to take to your doctor if you do not already have a current DOT medical card.

FAX OR EMAIL ABOVE DOCUMENTS TO DIANA AT THE TRAINING CENTER

diana@oetraining.com or FAX 509.968.4422

Once the completed documents are submitted, you will receive a confirmation of placement on the waitlist. If you do not receive confirmation, contact the Training Center to confirm your documents have been received.

Sincerely,

Randy Dove
CDL Instructor



Driving Record Request

Use this form to request a **driving record**. We will email, fax, or mail the record(s) to you or to the individual or company you request below. Mail this request and **\$13 for each record requested** in a check or money order payable to the Department of Licensing to:

Driver Records
Department of Licensing
PO Box 3907
Seattle, WA 98124-3907

For validation only

106-060-421-0005

Please allow two weeks for processing. If you have additional questions, contact customer service at (360) 902-3900.

Requestor information

PRINT or TYPE Requestor name		(Area code) Daytime telephone number
Name of individual or company where you want the drive record(s) sent		
How would you like the driving record(s) sent to you? <i>(Choose one)</i> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> U.S. mail (one record only)*	Delivery information (Email, [Area code] Fax number, or mailing address)	
<p>*You may select U.S. mail only if you are requesting one driver record.</p> <p><i>I certify under penalty of perjury I am entitled by federal or state laws to obtain an abstract of the driver record of the individual(s) requested. RCW 46.52.130, 18 USC Chapter 123</i></p> <p><i>You may either sign or type your name. By typing your name, you are certifying under penalty of perjury that you are entitled by federal or state laws to obtain an abstract of the driver record of the individuals requested. RCW 46.52.130, 18 USC Chapter 123</i></p>		
Date and place signed	X	Signature

Drive record(s) requested

PRINT or TYPE Name <i>(Last, First, Middle initial)</i>	Washington driver license number	Date of birth <i>(mm/dd/yyyy)</i>
Type of record requested <i>(Select all that apply)</i> Insurance records show violations, convictions, and accidents only. Other drive records show all traffic-related collisions, convictions, violations, suspensions, revocations, and disqualifications. We offer the following types of driving records:		
<input type="checkbox"/> Noncommercial insurance record (3 year) —Used to create and renew vehicle insurance policies.		
<input type="checkbox"/> Commercial insurance record (3 year) —Used to create and renew commercial vehicle insurance policies.		
<input type="checkbox"/> Life insurance record (3 year) —Used to create and renew life insurance policies.		
<input type="checkbox"/> Employment record —Used by employers to determine employment eligibility.		
<input type="checkbox"/> Volunteer/Transit record —Used to determine if a volunteer driver meets the insurance and risk-management requirements to drive a vanpool vehicle or should be permitted to operate a vehicle used to transport individuals who are under 18, over 65, or disabled.		
<input type="checkbox"/> School bus driver record —Used to determine if a person should be employed to operate a school bus. Bill and mail this request to school district _____ School district authorization _____ Requestor code _____		
<input type="checkbox"/> Complete record —A complete driving record of the person named on the driving record.		

If requesting additional records, attach separate sheets using the same format as above. Submit \$13 for each record requested. Note: We will not mail more than one driver record. Multiple record requests will only be sent by email or fax.

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** _____ **First Name:** _____ in accordance with *(please check only one)*:

- the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* **OR**
- the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*:
 - Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone ([49 CFR 391.62](#)) *(Federal)*
 - Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of [49 CFR 391.64](#) *(Federal)*
 - Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner's Name *(please print or type)*

- MD Physician Assistant Advanced Practice Nurse
- DO Chiropractor Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number

Issuing State

National Registry Number

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____ **CLP/CDL Applicant/Holder**

- Yes No