



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 & P1 Placement Policy

2022-2023 Training Season

RECEIPT OF THIS INFORMATION DOES NOT PLACE YOU IN THE CLASS, you will receive a class placement confirmation letter via email after approval!

- ✿ CDL Class A is 5 weeks – M-TH.
- ✿ CDL Class B is 3 weeks – M-TH.
- ✿ CDL Upgrade from B to A is 4 weeks – M-TH.
- ✿ P1 Endorsement is 2 weeks – M-TH.

✚ To be placed in A, B, or P1 complete the following and send a picture of each of the below documents to: diana@oetraining.com

IN FOLLOWING ORDER: 1. Obtain Medical 2. CDL Permit 3. Driving Record

1. Obtain a DOT physical card from a Medical Examiner on the NATIONAL REGISTRY
2. Add a Commercial Learner's Permit (CLP) to your Washington driver's license.
 - **For a CDL Class A:** PASS General Knowledge, Combo A and Air Brakes written tests.
 - **For a CDL Class B:** PASS General Knowledge and Air Brakes written tests.
 - **To upgrade from B to A:** PASS Combo A. Pass Airbrakes (if you do not already have it.)
 - **For Passenger Bus (P1):** You must already have CDL A or B. PASS Passenger Bus written test.
3. Obtain a Complete Driving Record from the Department of Licensing

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

Sincerely,
Randy Dove & Jay Knudtsen
CDL Instructors



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Driving Record Requirements to attend CDL Training:

✓ Permanent Disqualifications:

- Using a vehicle to commit a felony
- Causing a fatality through the negligent operation of a vehicle
- 3 or more DUI convictions

✓ No License Suspensions or Revocations in The Last Three Years

✓ No Serious Traffic Violations in The Last Two Years

Serious traffic violations include, but are not limited to:

- Being under the influence of alcohol or a controlled substance
- Refusing to take an alcohol test
- Leaving the scene of an accident
- Reckless driving

✓ No More Than Three Minor Traffic Violations in The Last Two Years

Minor traffic violations include, but are not limited to:

- Following the vehicle ahead too closely;
- Improper lane changes;
- Speeding, involving any speed less than 15 mph above the speed limit;
- Failure to stop at a red light or stop sign.

✓ Must Have At Least Three Years Driving Experience

✓ Must Report All Tickets Immediately; Failure to Notify May Result in Immediate Cancellation

Driving Record Request

Driving records are available for a **\$13 non-refundable fee for each record.**

- **To purchase your own driving record online** login to License eXpress at dol.wa.gov/licenseexpress.html. You can print it or save it and it's available for 24 hours if you need to print it again.

For validation only

106-060-421-0005

- **To purchase by mail, use this form.** If you are requesting a driving record for an employee, prospective employee, or volunteer, you must get an **Abstract of Driving Record Release of Interest** form from the driver before making your request. Keep the Release of Interest in your files. Do not mail it to us.

We will send the record to you or the individual or company you indicate below. Allow 10 business days for processing.

Mail this form and the non-refundable fee for each record in a check or money order payable to Department of Licensing to:

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

If you have additional questions, contact customer service at (360) 902-3900, option 6.

Requestor information

PRINT or TYPE Requestor name		(Area code) Daytime telephone number
How would you like the driving record(s) sent? (Choose one) <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> U.S. mail (one record only)*		*We will not mail more than one driver record. Multiple record requests will only be sent by email or fax.
Email or (Area code) Fax number delivery information		
U.S. mail delivery (Individual/Company name)		
Mailing address (Street address or PO Box, City, State, ZIP code)		

Drive record requested

PRINT or TYPE Name (Last, First, Middle initial)	
Date of birth	Washington driver license number
Type of record requested (If more than one record type selected, include \$13 for each additional record) 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"/> Complete record – A complete driving record of the person named on the driving record.	

I certify under penalty of perjury that I am entitled by federal or state laws to obtain an abstract of the driver record of the individual requested.

 Date and place signed (city or county)

X

 Signature

If requesting additional drive records, attach separate sheets using this format. **Include \$13 non-refundable per record.**

RCW 46.52.130, 18 USC Chapter 123

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