

School Name:

\_\_\_\_\_

City:

\_\_\_\_\_

**TE04 MUST BE SUBMITTED  
WITH TE03.**



Montana  
Office of Public Instruction  
Denise Juneau, State Superintendent

## TE03 CERTIFICATION

FOR TRAFFIC EDUCATION PROGRAMS

FOR THE PERIOD JULY 1, \_\_\_\_\_ TO JUNE 30, \_\_\_\_\_

### ATTENTION:

**TE03 and TE04 can be  
completed and submitted  
online via the Traffic  
Education Data and  
Reporting System (TEDRS)  
To use this system, go to  
<http://data.opi.mt.gov/TrafficEducation/>**

### INSTRUCTIONS

- When TEP or TELL issued, send TE04 and TE03 *Notice of Participation* to local Driver License Examiner or County Treasurer.
- When class completes, send TE04 and TE03 *Notice of Completion* to local Driver License Examiner or County Treasurer.
- When class completes, send or fax (406-444-2955) TE04 and TE03 Reimbursement Request to OPI, Traffic Education.
- Retain a copy for your records.

*Form updated: December 2012*

### CERTIFICATION

Non-CDTP Program

CDTP Program Notice of Issuance of TELL (Traffic Education Learner License)

#### A. NOTICE OF PARTICIPATION

I certify that the students listed above are participating in our district's state-approved traffic education program that is established and maintained in accordance with the current standards outlined by the Superintendent of Public Instruction. If this is a Cooperative Driver Testing Program, I further certify that this program is in full compliance with the Cooperative Driver Testing Program of the Department of Justice and that TELL permits have been issued to the students indicated on TE04 Student List (attached).

\_\_\_\_\_  
Signature, District Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail address

#### B. NOTICE OF COMPLETION

I certify that the students with completion dates indicated on TE04 Student List (attached) and marked 'Yes' have successfully completed our district's state-approved traffic education program that is established and maintained in accordance with the current standards outlined by the Superintendent of Public Instruction, and are eligible for licensing upon reaching the required minimum age.

\_\_\_\_\_  
Signature, District Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail address (if different than above)

#### C. REIMBURSEMENT REQUEST

I certify that the students checked successful or unsuccessful in the list above have completed our district's state-approved traffic education program that is established and maintained in accordance with the current standards outlined by the Superintendent of Public Instruction and are eligible for state reimbursement. I also certify that any student not completing at least 50 percent of the classroom and behind-the-wheel instruction, and so checked above, is not eligible for state reimbursement.

\_\_\_\_\_  
Signature, District Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of District Authorized Representative

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
District Authorized Representative E-mail Address (if different than above)

**Questions? Call OPI Traffic Education (888) 231-9393 ext. 4432 or (406) 444-4432**

**Mail forms to: OPI-Traffic Education, PO Box 202501, Helena, MT 59620**