INSTRUCTIONS

- When TEP or Learner Licenses are issued, send TE04 and TE03 Notice of Participation to local Driver License Station.
- When class completes, send TE04 and TE03 Notice of Completion to local Driver License Station.
- When class completes, submit or fax (406-444-2955) TE04 and TE03 Reimbursement Request to OPI, Traffic Education.
- Retain a copy for your records.

Form updated: January 2018

CERTIFICATION

☐ Non-CDTP Program ☐ CDTP Program Notice of 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.

Traffic Education Permits (TEP) have been issued on the date(s) specified on the TE04 Student List. If this is a Cooperative Driver Testing Program, Learner Licenses have been issued on the dates(s) on the TE04 Student List and I further certify that this program is in full compliance with the Cooperative Driver Testing Program of the Department of Justice

Within three days of learner license issuance, submit a printout of the TE03/04 Student List and the original Driver License Applications with exam scores to the local Driver License Stations.

__________________________________________  ______________________  ______________________
Signature, District Administrative Official  Title Daytime Phone  Date

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.

Within ten days of course completion, submit completed TE03/04 to local Driver License Station with CDTP Road Test Results for students waived on the Driving Test.

__________________________________________  ______________________  ______________________
Signature, District Administrative Official  Title Daytime Phone  Date

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, is marked No on the TE04 form and is ineligible for state reimbursement.

__________________________________________  ______________________  ______________________
Signature, District Administrative Official  Title  Date

__________________________________________  ______________________
Printed Name of District Administrative Official  Daytime Phone Number

District Administrative Official  E-mail Address (if different than above)