



Return this form to:
 Traffic Education Programs
 Office of Public Instruction
 PO Box 202501
 Helena, MT 59620-2501

TE05

Application for Approval as a Teacher of Traffic Education

HOW TO APPLY: To receive approval as a teacher of traffic education in the State of Montana, complete and return this application to Traffic Education at the Office of Public Instruction (OPI). Upon approval, your instructor record will be updated and two copies of your approval letter will be mailed to you.

DEADLINES: This approval must be renewed with each renewal of your Montana educator license. Your educator license must be renewed **before June 30**; your approval to teach traffic education must be renewed **before September 30**.

Still working toward your traffic education minor? Request a Traffic Education Program Sheet from MSU-Northern and a copy will be forwarded to the OPI. Complete the course information in Item 6 below [10.13.308(3) ARM] and submit this form to the OPI when your educator license has been renewed. Or you can submit your renewal application via the OPI website at <http://opi.mt.gov/Driver-Educators>.

Already have your TE endorsement? Just submit a TE05 Renewal Application following renewal of your educator license.

ALL APPLICANTS MUST COMPLETE ITEMS 1-5 AND SIGN AND DATE ITEM 7.

| | | | | | |
|-------------------------------|----------------|--|--------|---------------------------|--|
| 1. Last Name: | | First Name: | | Middle Initial: | |
| 2. Preferred Mailing Address: | | City: | State: | ZIP Code: | |
| 3. Daytime Phone: | Evening Phone: | Email Address: | | | |
| 4. School where you teach: | | MT Educator License SEID # | | Educator License Expires: | |
| 5. Driver's License #: | | Are you CDTP Certified? (check one) Yes No | | Birth Date: | |

6. If you are a **first-time** applicant, please list all Traffic Education courses successfully completed. If you are a renewal applicant, please use the online renewal application at <http://opi.mt.gov/Driver-Educators>.

| Number and Title of Course | Institution | Year Taken | Semester Credits Earned |
|----------------------------|-------------|------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

7. I, the undersigned, certify that the above information is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

YOU MAY SUBMIT THIS FORM VIA FAX: (406) 444-2955 or SCAN AND EMAIL
TO: SARA.FABIAN@MT.GOV For assistance, call (406) 444-4432.