|  |  |  |
| --- | --- | --- |
| *Name (Last, First)* | *Certificate Registry Number* | *Has taught 30+ hours since certification* |
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INSERT YOUR Business letterhead

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name), as an ODOT-TSD approved Driver Education Provider, hereby **verify and validate** to the best of my ability, that the following individuals have taught a minimum of 30 hours in two years while they were certified (or recertified) as a Driver Education Instructor.

|  |  |
| --- | --- |
| Name of company/organization | Phone number |
| Address | |
| Position/Title | |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fill out and submit to **Traffic Safety Education, The Research Institute, Western Oregon University, 345 N. Monmouth Avenue, Monmouth, OR 97361**