



NTC INSTRUCTOR CERTIFICATION PROGRAM APPLICATION

Please complete and submit this form and all supporting documents to NTC-State-Programs@dot.gov

APPLICANT		STATE POC/FEDERAL SUPERVISOR	
Name		Name	
Email Address		Email Address	
Telephone		Telephone	
Mailing Address		Mailing Address	
LEVEL OF CERTIFICATION			
PRESENTER		INSTRUCTOR	MASTER INSTRUCTOR
COURSE CONTENT DOMAIN			
Cargo Tank Inspection		New Entrant Safety Audit	
Cargo Tank Facility Review		North American Standards—Part A	
General Hazardous Materials		North American Standards—Part B	
Commercial Enforcement and Consumer Protection		Other Bulk Packaging	
Investigative Safety Analysis		Passenger Carrier Vehicle Inspection	
Skill Performance Evaluation		Other:	
MINIMUM QUALIFICATIONS CHECKLIST			
PRESENTER	Professional experience relevant to the course content or topic area(s) in which certification is sought (e.g., CVSA/FMCSA certification, completion of relevant inspections/investigations). Please attach your resume and proof of current inspections completed.		
INSTRUCTOR	Successful completion of NTC course(s) in which certification is sought. Please attach your certificate. Two (2) most current consecutive years of professional experience relevant to the course content or topic area(s) in which certification is sought (e.g., CVSA/FMCSA certification, completion of relevant inspections/investigations). Please attach your resume and proof of current inspections completed. Two (2) most current consecutive years of inspection reports.		
MASTER INSTRUCTOR	Currently an NTC-certified instructor Already delivered a MINIMUM of fifteen (15) Tier 2 NTC trainings Received a documentable negative feedback (DNF) rate NO HIGHER THAN 20.0% over instructor tenure		
APPLICATION CONFIRMATION			
SUPERVISOR		APPLICANT	
I hereby recommend the applicant identified above to serve in the requested capacity for the NTC. Furthermore, I certify that the applicant is a subject matter expert and meets all minimum qualifications to serve in this capacity. I also authorize the applicant to fulfill their certification maintenance requirements.		I meet all the minimum qualifications to serve in the requested capacity and agree to fulfill the certification maintenance requirements necessary to maintain my NTC certification.	
Supervisor's Signature		Applicant's Signature	
Supervisor's Printed Name	Date (MM/DD/YYYY)	Applicant's Printed Name	Date (MM/DD/YYYY)

Please note that the NTC will not accept applications for multiple course certifications.

Initial instructor certification must be achieved prior to the submission of additional applications.