



NTC INSTRUCTOR DEVELOPMENT PROGRAM APPLICATION

Please email this form with supporting documents to NTC-Certification@dot.gov or attach files and select Submit, below.*
You must be certified in at least one course before applying for additional certifications and only apply for one at a time.

APPLICANT	STATE POC/FEDERAL SUPERVISOR
Name:	Name:
Phone:	Phone:
Email:	Email:
Mailing Address:	Mailing Address:

SELECT THE COURSE YOU WISH TO TEACH:

- | | |
|--|--------------------------------------|
| 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: |

SELECT ROLE: MINIMUM QUALIFICATIONS NEEDED: *(check if fulfilled and/or document attached)*

PRESENTER	Professional experience relevant to the selected course content. Please attach your resume.
INSTRUCTOR	Successful completion of the selected course Please attach your certificate. Two (2) most current consecutive years of professional experience relevant to the selected course content (e.g., CVSA/FMCSA certification, completion of relevant inspections and/or investigations). Please attach your resume and two most recent consecutive years of inspection reports.
MASTER INSTRUCTOR	Currently an NTC-certified instructor Completed a minimum of 600 instructional hours Received a minimum rating of “Effective” on the most recent field evaluation

APPLICANT CONFIRMATION

I hereby declare that I meet all the minimum qualifications to serve in the requested instructor role for the requested course and agree to fulfill all the requirements in order to obtain and maintain my NTC certification.

Applicant's Signature

Applicant's Printed Name

Date (MM/DD/YYYY)

SUPERVISOR CONFIRMATION

I hereby recommend this applicant to serve in the requested capacity for the NTC. Furthermore, I certify that this applicant is a subject matter expert and meets all minimum qualifications to serve in this capacity. I also authorize the applicant to fulfill all certification maintenance requirements.

Supervisor's Signature

Supervisor's Printed Name

Date (MM/DD/YYYY)

* To attach file(s): **BEFORE THE FORM IS SIGNED**, edit this PDF in Adobe Acrobat Pro, select **More** from the Edit PDF menu, then select **Attach File** and choose the files.