



**STATE OF RHODE ISLAND**  
**DIVISION OF MOTOR VEHICLES**  
COMMERCIAL DRIVER'S LICENSE OFFICE  
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## **ELDT Training Provider Affidavit**

Name of Provider:

Provider Location:

Phone:

Email:

TPR Number:

I attest the provider does not perform any behind the wheel Entry Level Driver Training (ELDT) for compensation of any kind and meets the requirements listed below. The requirements of ELDT may be found in 49 CFR 380 Subpart F.

- The provider offers training only to its current employees.
- The provider does not offer training to members of the public.
- The provider does not receive compensation, therefore a commercial driving school license and/or instructor's license is not required.

I understand that if compensation is received or training is open to the public, a commercial driving school license (R.I.G.L. 31-10-35) and/or instructor's license (R.I.G.L. 31-10-39) will be required and no training can be conducted until such license is obtained.

I hereby affirm that all information contained herein is true and complete to the best of my knowledge. I also affirm that I am authorized to sign this document on behalf of the provider.

Signature:

Printed Name:

Title: