

# ORIGINAL APPLICATION FOR DRIVER EDUCATION INSTRUCTOR CERTIFICATE

Certificate Number	
Approved by:	Date:

**INSTRUCTIONS:** Fill in all requested information. Sign and date the form, and return it with the fee and required supporting documents. Original driver education instructor certificate applicants may not provide instruction (classroom or behind-the-wheel) before applying for and receiving a certificate. Applicants for conditional driver education instructor approval may not participate in a practicum (student teach) before receiving written authorization. The **original** driver education instructor certificate or conditional letter of approval must be presented to each employer (provider or mentoring instructor).

Name: Last	First	Middle	Date of Birth
Street Address			City, State, Zip
Driver License Number	State of Licensure	E-mail Address	Home Phone ( )
If applying for conditional approval, check the box below and complete the additional section on the back of this application. <input type="checkbox"/>	What type of program(s) are you qualified to teach? <input type="checkbox"/> Teen (14.8 to 18) <input type="checkbox"/> Adult (18+) <input type="checkbox"/> Truck		Attach a copy of college or university transcript verifying the successful completion of required driver education coursework (not required for truck driver education instructors).
Have you ever been refused the issuance of a provider or instructor certificate (license), or had a provider or instructor certificate (license) revoked or suspended in Michigan or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No    If YES, give complete details on a separate sheet.			
Have you ever been arrested or convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No    If YES, give complete details on a separate sheet. Include the arresting police agency, court of jurisdiction, conviction (if applicable), date of conviction, and case number (if known).			

## SIGNATURE AND CERTIFICATIONS

Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.

- I hereby grant the licensing authority in any state or jurisdiction permission to release information concerning any previous certification (license) applications, certification (license) history, and disciplinary actions or sanctions to the Department of State.
- I stipulate and agree that any legal process affecting me, served on the Department of State, shall have the same effect as if personally served on me. I agree that this appointment shall remain in force as long as I have any outstanding liability within this state by authority of 2006 PA 384.
- I hereby certify that I do not have a pending criminal matter or an outstanding arrest, warrant, or conviction since submitting a request for my criminal history check.
- I authorize the Department of State to receive and review my criminal history obtained from the Michigan State Police and the FBI. I understand that the cost of the criminal history check is my responsibility.
- I hereby certify that the statements contained in this application are true to the best of my knowledge and belief.
- If I have a driver license issued by a state other than Michigan, I agree to submit a certified copy of my driving record every 60 days.

Printed Name	Signature	Date
--------------	-----------	------

### Return with application:

- Nonrefundable application processing fee in the form of a check or money order for \$45 made payable to **State of Michigan**.
- Medical Examination Report (signed within the past 90 days).
- ADULT AND TEEN INSTRUCTORS:** A copy of college or university transcript verifying successful completion of required driver education coursework.

*Criminal history check (Live Scan) results will be forwarded to the Department of State by the Michigan State Police.*

### Mail application, fees, and supporting documentation to:

Michigan Department of State  
 Licensing Unit  
 Lansing, MI 48918

**ALLOW AT LEAST 30 DAYS FOR PROCESSING**

DEPARTMENT USE ONLY
---------------------

# ORIGINAL APPLICATION FOR DRIVER EDUCATION INSTRUCTOR CERTIFICATE

Page 2

## CONDITIONAL DRIVER EDUCATION INSTRUCTOR APPROVAL

**INSTRUCTIONS:** Submit a copy of your college or university transcript indicating completion of the three required courses along with a letter from the college or university verifying enrollment in the practicum course **OR** submit a letter from the college or university indicating completion of the three required courses plus enrollment in the practicum course.

Name and certificate number of the cooperating (mentoring) instructor for the classroom portion of the practicum instruction:	Name	Employing Provider
	Certificate Number	Provider's Certificate Number
Name and certificate number of the cooperating (mentoring) instructor for the behind-the-wheel portion of the practicum instruction, if different:	Name	Employing Provider
	Certificate Number	Provider's Certificate Number

Return the completed form along with the fee and required documentation to the Licensing Unit (address on front of application). Once processed, you will receive a Letter of Approval, authorizing you to participate in the practicum (student teach).

Upon successfully completing the practicum course, submit a copy of your college or university transcript to the Licensing Unit. The transcript will be reviewed and, if approved, your Original Instructor Certificate will be issued.