



INSTRUCTOR E-SERVICES CERTIFICATION

This document is to be used **ONLY** if you are applying through CARS e-Services. **DO NOT** submit if applying through mail.

PART A – APPLICATION TYPE		Indicate what type of application you are applying for through CARS e-Services.	
<input type="checkbox"/> Conditional	Teen / Adult Classification(s)	When prompted, upload this form in lieu of DES-N01 Instructor Original Application.	
<input type="checkbox"/> Reapply	Any Classification(s)	When prompted, upload this form in lieu of DES-N01 Instructor Original Application.	Previous Instructor Number N _____
<input type="checkbox"/> Renewal	Any Classification(s)	When prompted, upload this form in lieu of DES-N07 Instructor Renewal Application.	Instructor Number N _____
<input type="checkbox"/> Original	Truck Classification	When prompted, upload this form in lieu of DES-N01 Instructor Original Application.	
CDL Certification: Group _____ Endorsement(s) _____ Restriction(s) _____			

PART B – APPLICANT / INSTRUCTOR INFORMATION			
First Name of Applicant / Instructor	Middle	Last	Suffix

PART C – STIPULATION	
The applicant agrees that legal process affecting the applicant, served on the secretary of state against the applicant or the applicant's successor in interest for a violation of this act, a rule promulgated under this act, or an order issued under this act, has the same effect as if personally served on the applicant. This appointment remains in force as long as the applicant has any outstanding liability within this state under this act (2006 PA 384).	
Signature of Applicant / Instructor	Date Signed

PART D – CERTIFICATION	
<p>Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.</p> <ul style="list-style-type: none"> 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 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 under section 29. 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 if I have a driver license issued by a state other than Michigan, I agree to submit a certified copy of my driving record to the Department of State every 60 days. I hereby affirm that I understand the Professional Development requirements prescribed by the Secretary of State for an instructor and will complete an approved course during the two years between the date the original certification was issued and the expiration date, and then each two-year renewal cycle thereafter. With knowledge of the penalties for false statements under, but not limited to, Section 69 of the Driver Education Provider and Instructor Act [MCL 256.689, PA 384 of 2006], I hereby certify that the statements and information contained in this application are true to the best of my knowledge and belief. I hereby affirm that if I am applying for an Instructor Conditional Certificate, I WILL NOT participate in a practicum (student teach) before I receive my Instructor Conditional Certificate. 	
Signature of Applicant / Instructor	Date Signed