

The seal of the Michigan Department of State is a circular emblem. It features a central shield with a blue top section containing the word 'LIBOR' and a yellow bottom section. The shield is flanked by two brown deer standing on their hind legs. Above the shield is a bald eagle with spread wings. A red banner above the eagle reads 'E PLURIBUS UNUM'. The entire seal is encircled by a blue ring with the text 'STATE OF MICHIGAN' at the top and 'SECRETARY OF STATE' at the bottom, separated by two yellow stars.

How To Become A **Truck Instructor**

Michigan Department of State


Step 1: Go to [SOS - Michigan Secretary of State](#) and click on the down arrow located next to the Driver's License and State ID section

Michigan.gov SOS HOME FAQs ONLINE SERVICES CONTACT THE SECRETARY OF STATE Q SEARCH

The Office of
Secretary of State Jocelyn Benson


ELECTIONS ▼ DRIVER'S LICENSE AND STATE ID ▼ VEHICLES ▼ BUSINESS SERVICES ▼ ABOUT ▼

HOW CAN WE HELP YOU?




ONLINE SERVICES

- Renew registration
- Renew license/ID if new photo not required
- Order license plate
- Order replacement tab, registration or title
- Change address
- Find publications & forms
- Access business services




SELF-SERVICE STATIONS

- Renew registration
- Renew license/ID if new photo not required
- Replace license/ID and print temporary
- Add motorcycle endorsement
- Join the Michigan Organ Donor Registry



OFFICE APPOINTMENTS

- Apply for first-time driver's license/ID
- Renew license/ID if new photo required
- Get a REAL ID
- Transfer title
- Take licensing test
- Apply for disability parking placard



VOTING & ELECTIONS

- Register to vote
- Check or update voter registration
- Apply for absentee ballot
- Get personalized voter information
- Find voter forms & publications

Step 2: Click on the “...” next to the Driver Education section

Michigan.gov

SOS HOMEFAQSONLINE SERVICESCONTACT THE SECRETARY OF STATEQ SEARCH

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ELECTIONS▼DRIVER'S LICENSE AND STATE ID^VEHICLES▼BUSINESS SERVICES▼ABOUT▼

/ DRIVER'S LICENSE AND STATE ID /

YOUR MICHIGAN DRIVER'S LICENSE...

TEEN DRIVER...

DRIVER TESTING BUSINESSES...

BASIC DRIVER IMPROVEMENT COURSE...

EMERGENCY MEDICAL CARD

STATE IDENTIFICATION CARD

AGING DRIVER

MOTORCYCLE RIDER...

MICHIGAN RESIDENTS OUT-OF-STATE

PUBLICATIONS AND FORMS

DRIVER EDUCATION...

REAL ID

LOSING YOUR PRO... DRIVE...

VETERAN DESIGNATION

MAKE APPOINTMENT

• Renew license/ID if new photo not required

• Order license plate

• Order replacement tab, registration or title

• Change address

• Find publications & forms

• Access business services

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driver's license/ID

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Step 3: Click on “Instructor”

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Secretary of State Jocelyn Benson

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/ DRIVER'S LICENSE AND STATE ID / DRIVER EDUCATION /

PROVIDER	INSTRUCTOR	RESOURCES
LAWS & REQUIREMENTS		




ONLINE SERVICES

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Step 4: Click on “Instructor Certification Process”

Driver Education

Provider

Instructor

Resources

Laws & Requirements

Instructor



A Driver Education Instructor is required to be certified by the Secretary of State. A person engages in or offers to engage in the activity as a driver education instructor without being certified by the Secretary of State is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$2,000 or both in addition to administrative fines.



Instructor Certification Process

Select this link for information about Michigan's Driver Education Instructor Certification.

Instructor Renewal Information

How to renew your instructor certificate by using CARS e-Services or through the mail in addition to requirements and forms.

Contact Us

Have questions? Contact the Driver Education Section or Inventory Services Section.

Once the new window opens, you will have several options available.

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Laws & Requirements

Instructor Certification

Instructor Certification

Original Application

Conditional Application

Conditional to Original Application

Reinstatement (Reapply) Application

Additional Information

Driver Education Contact Information

Step 5: Click on “Instructor Certification” in order to review all requirements and laws within the Driver Education Provider Manual.

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Instructor Certification



Prior to applying, it is suggested to review all the requirements and laws within the [Driver Education Provider Manual](#) in addition to the [Michigan Curriculum Guide](#) (if applicable).

Michigan Department of State

Step 6: Click on “Original Application”. Be sure to complete all of the DES-Instructor Original Certification Packet.

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DES-Instructor Original Certification Packet 


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Driver Education Contact Information





Driver Education
Instructor

INSTRUCTOR ORIGINAL CERTIFICATION PACKET

Michigan Department of State
10/2020

This packet will provide you with the information needed to apply for a Driver Education Instructor Original Certificate. Additional information can be found at: Michigan.gov/DriverEd. To apply, you must complete and submit the following requirements either by mail or online:

KEY	<input checked="" type="checkbox"/> Required document if applying by mail.	<input type="checkbox"/> Required document if applying through CARS e-Services.
MAIL	Michigan Department of State • Driver Education & Testing Section • 430 W. Allegan St. 3rd Floor • Lansing, MI 48918	
ONLINE	It's FAST, EASY, and SECURE! Apply through CARS e-Services TODAY!	
INSTRUCTOR ORIGINAL CERTIFICATION REQUIREMENTS		
Be at least 21 years of age.		
Submit a \$45.00 NON-REFUNDABLE original application processing fee by check or money order made payable to "State of Michigan".		
In order to provide Behind-the-Wheel instruction involving the actual operation of a Commercial Motor Vehicle (CMV) by a Commercial Learner's Permit holder on a range or a public road, you MUST hold a Commercial Driver License of the same (or higher) class and with all endorsements necessary to operate the CMV for which training is to be provided.		
<input checked="" type="checkbox"/>	DES-N01 Instructor Original Application. Do not submit page one of this packet.	
<input checked="" type="checkbox"/>	DES-N03 Instructor e-Services Certification. Document in lieu of DES-N01 when renewing through e-Services.	
<input checked="" type="checkbox"/>	DES-N05 Medical Examination Report which MUST BE CERTIFIED NOT OLDER THAN 90 DAYS FROM THE DATE THIS DEPARTMENT RECEIVES YOUR APPLICATION , or if instructor holds a Truck classification an MCSA-5876 FMCSA Commercial Driver Medical Certification which MUST BE A VALID MEDICAL CERTIFICATION THAT IS NOT EXPIRED .	
<input checked="" type="checkbox"/>	RI-030 Live Scan Fingerprint. Required every 4 years. You must submit this form.	
<input checked="" type="checkbox"/>	If you DO NOT hold a Michigan Driver's License, you must submit a copy of your out of state driver's license in addition to a verified copy of your driving record. MUST SUBMIT BY MAIL EVEN IF APPLYING THROUGH CARS E-SERVICE.	
DRIVING RECORD REQUIREMENTS		
Refer to the Driver Education Provider and Instructor Act [PA 384 of 2006] included in the Driver Education Provider Manual for all requirements.		
Possesses a valid driver license that has been in continuous effect for not less than 5 years immediately preceding the application.		
Has not received a conviction for which 4 or more points were assessed under MCL 257.320a within the 5 years preceding the date the application was submitted.		
Has not had 3 or more driver license denials, suspensions, or revocations, or any combination, imposed by the Secretary of State for the failure to appear in court (FAC) or a failure to comply with a court judgment (FCJ) within the 2 years preceding application.		
Has not received a conviction or finding of responsibility for a traffic violation in connection with 2 or more motor vehicle accidents within the 2 years preceding application.		
Has not accumulated 6 or more points under MCL 257.320 within the 2 years preceding application.		
Has not received a conviction for transportation or possession of open alcohol container in vehicle within the 2 years preceding application.		
Has not received a conviction for a person less than 21 years of age with any bodily alcohol content within the 2 years preceding application.		
Has not received a conviction for careless or negligent driving resulting in a civil infraction within the 2 years preceding application.		
CRIMINAL HISTORY REQUIREMENTS		
Refer to the Driver Education Provider and Instructor Act [PA 384 of 2006] included in the Driver Education Provider Manual for all requirements.		
Has not received a conviction for criminal sexual conduct, assault with intent to commit criminal sexual conduct, or an attempt to commit criminal sexual conduct, in any degree under MCL 750.520b to 750.520g.		
Has not received a conviction for a felony involving a criminal assault or battery on an individual.		
Has not received a conviction for a crime involving felonious assault on a child, child abuse in the first degree, cruelty, torture, or indecent exposure involving a child.		
Has not received a conviction for a felony involving the manufacture, distribution, or dispensing of a controlled substance or possession with intent to manufacture, distribute, or dispense a controlled substance.		
Has not received a conviction for a felony conviction involving fraud as an element of the crime.		



Driver Education
Instructor

INSTRUCTOR ORIGINAL APPLICATION

Michigan Department of State
DES-N01 5/2019

Michigan Department of State • Driver Education Section • 430 W. Allegan St. • Lansing, MI 48918

Clear Form

PART A – CLASSIFICATION (S) Check all that apply.			
Adult	<input type="checkbox"/> Conditional	Instruction that is provided to a person 18-years of age or older in the operation of a motor vehicle, other than a commercial motor vehicle.	
	<input type="checkbox"/> Reapply	Previous Instructor Number	N
Teen	<input type="checkbox"/> Conditional	Driver training instruction provided through a segment 1 or segment 2 driver education course that allows a person 17-years of age or less to apply for a level 1 or level 2 graduated driver license.	
	<input type="checkbox"/> Reapply	Previous Instructor Number	N
Truck	<input type="checkbox"/> Original	Instruction that is provided to operate a commercial motor vehicle.	
	<input checked="" type="checkbox"/> Reapply	Previous Instructor Number	N
CDL: Group		Endorsement(s)	
TOTAL DUE =		\$45.00 (Check or money order made payable to the "State of Michigan")	
PART B – APPLICANT INFORMATION I prefer to be addressed as: <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.			
First Name Middle Name Last Name Suffix			
Home Address (Street, City, State, Zip Code, and County)			
Mailing Address (if different from above home address) (Street, City, State, Zip Code, and County)			
Date of Birth	Driver License Number and State of License	Phone Number	Email Address
PART C – REQUIRED STATEMENT			
Has the applicant ever applied for a driver education instructor certificate in Michigan or any other state? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If YES, was the certificate: In Good Standing <input type="checkbox"/> Denied <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/>			
PART D – 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).			
Printed Name of Applicant		Signature of Applicant	Date Signed
PART E – CERTIFICATION			
Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.			
<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.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.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.			
Printed Name of Applicant		Signature of Applicant	Date Signed



Driver Education
Instructor

INSTRUCTOR E-SERVICES CERTIFICATION

Michigan Department of State
DES-N01 5/2019

Michigan Department of State • Driver Education Section • 430 W. Allegan St. • Lansing, MI 48918

Clear Form

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			
Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.			
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Signature of Applicant / Instructor		Date Signed	

Michigan Department of State



Driver Education
Instructor

MEDICAL EXAMINATION REPORT

Michigan Department of State • Driver Education Section • 430 W. Allegan St. • Lansing, MI 48918

Michigan
DES-105

Clear Form

8/2019

PART A - RELEASE OF INFORMATION

Application for: ☐ Driver Education Instructor ☐ Driving Skills Examiner

Name of Applicant (Last, First, Middle) _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip Code _____

I hereby authorize and request that information regarding my medical condition be released to the Michigan Department of State and understand that the information provided may be used to request an assessment of my driving privilege.

Signature of Applicant _____ Date Signed _____

INSTRUCTIONS FOR PHYSICIAN

The Michigan Department of State requests your professional assistance to determine the physical and mental condition of the above patient. Your response to these questions and any other pertinent information will help the MDOS assess the patient's ability to safely operate a motor vehicle and to train others to operate a motor vehicle. Confidential information may be mailed directly to the MDOS at the address shown above.

1. DEPA MCL 256.637 (3)(j) Submits a certified medical examination report that is not older than 90 days and that is prepared by a physician, a physician's assistant, or a certified nurse practitioner licensed to practice in this state or in the applicant's state of residence. The report shall include a statement by the person that certified the report that the applicant is medically qualified to operate a motor vehicle and to train others to operate a motor vehicle.

2. The report shall include a statement by the person that certified the report that the applicant is medically qualified to operate a motor vehicle and to train others to operate a motor vehicle.

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Clear Form

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273
COMPLIANCE: Voluntary. However, failure to complete this form will result in denial of request.

LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.
Instructions: See page two.

I. Authorizing Information

1. Fingerprint Reason Code LDE 2. Requestor/Agency ID 3720E 3. Agency Name Department of State 4. Individual ID (MNU-OA)

II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.

1a. Last Name 1b. First Name 1c. Middle Initial 1d. Suffix

2. Any Alternative Names, Last Names, or Aliases 3. Social Security Number (Optional) DO NOT SUBMIT SSN

4. Place of Birth (State or Country) 5. Date of Birth 6. Phone Number 7. Driver's License / State ID Number 8. Issuing State

9. Home Address 10. City 11. State 12. ZIP Code

13. Sex 14. Race 15. Height 16. Weight 17. Eye Color 18. Hair Color

III. Live Scan Information

1. Date Printed 2. Picture ID Type Presented 3. Transaction Control Number (TCN) 4. Live Scan Operator

* When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.

IV. Privacy Act Statement

Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application agency, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

V. Procedure to Obtain a Change, Correction, or Update of Identification Records

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)

VI. Consent

I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

Signature: _____ Date: _____

INSTRUCTIONS

Section I:

Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency identification is used. The MSP will charge for second requests due to incorrect codes.

3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

4. Individual ID (MNU-OA)

The Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

Section II:

Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

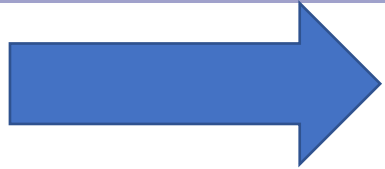
Section III:

Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.

Michigan Department of State

Step 7: Click “Additional Information” for more resource materials such as Certifications, Reports, and Requests.



Additional Information



[DES-N01 Instructor Original Application](#) 

[DES-N02 Instructor Conditional Certification](#) 

[DES-N03 Instructor e-Services Certification](#) 

[DES-N04 Instructor Conditional to Original Certification](#) 

[DES-N05 Medical Examination Report](#) 

[Federal DOT Medical Examiner's Certificate \(Form MCSA-5876\)](#)

Individuals who possess a valid CDL will need to submit the DOT medical certificate to the Driver Education & Testing Section.

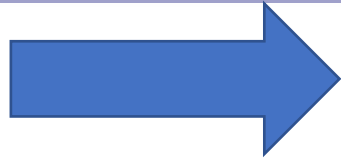
[DES-I06 Instructor Request of Change](#) 

[DES - Live Scan Fingerprint Background Check Request](#) 

Each driver education provider owner, designated representative and instructor is required to submit the completed LDE - Live Scan Fingerprint Background Check Request form to the Driver Education Section after being fingerprinted by a [MDOS approved - Michigan State Police live scan vendor](#).

[Approved Professional Development Courses and Instructor Preparation Program Agencies](#) 

For further assistance, click on “Driver Education Contact Information” to see how the Michigan Department of State Driver Education and Testing Section can be reached.



Driver Education Contact Information



Contact Us

Michigan Department of State
Driver Education and Testing Section

Phone: 517-241-6850

Fax: 517-335-3155

Address: 430 West Allegan Street, 3rd Floor, Lansing Michigan 48918

Email: DriverEd@Michigan.gov

DES-P11 Statement of Complaint

To file a formal complaint against a Person/Applicant, Certified Driver Education Provider and/or Instructor, you must complete and submit a DES-P11 Statement of Complaint form to this Department. Instructions are included within the form.

DES-P12 Statement of Complaint - IPP

To file a formal complaint against a Certified Instructor Preparation Program (IPP) Agency and/or IPP Instructor, you must complete and submit a DES-P12 Statement of Complaint form to this Department. Instructions are included within the form.