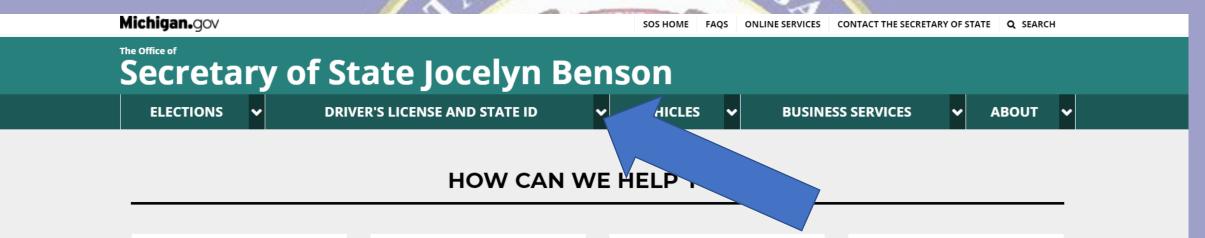


# Step 1: Go to SOS - Michigan Secretary of State and click on the down arrow located next to the Driver's License and State ID section





# **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

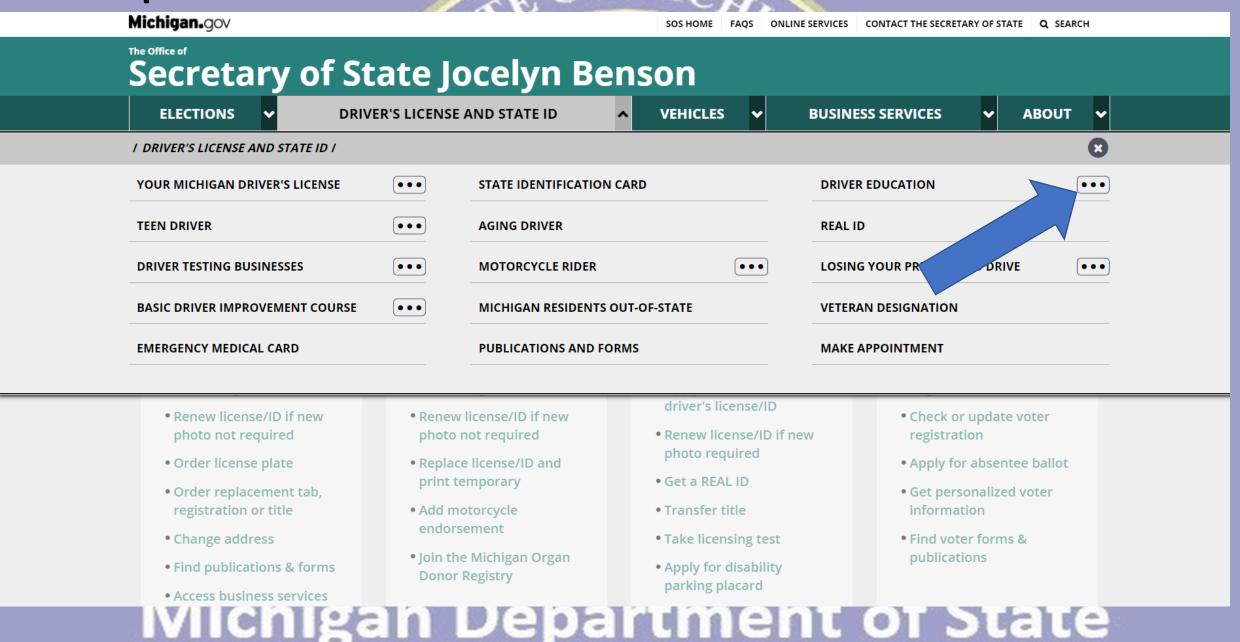
- Apply for first-time driver's license/ID
- Renew license/ID if new photo required
- Get a REAL ID
- Transfer title
- Take licensing test
- Apply for disability parking placard



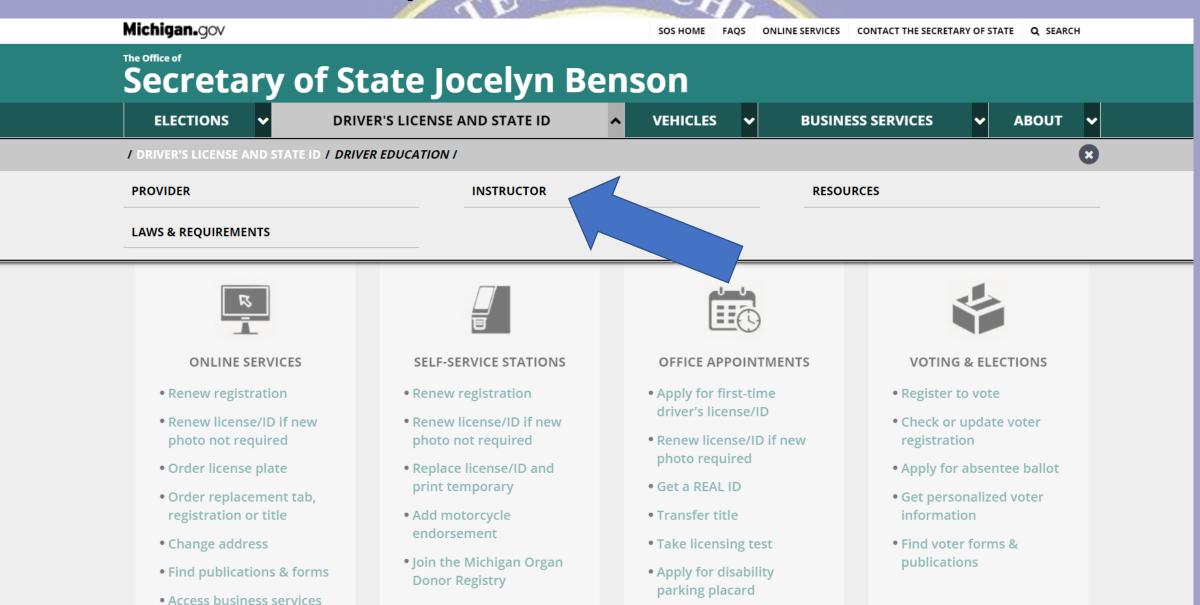
# **VOTING & ELECTIONS**

- 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



# Step 3: Click on "Instructor"



# 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.

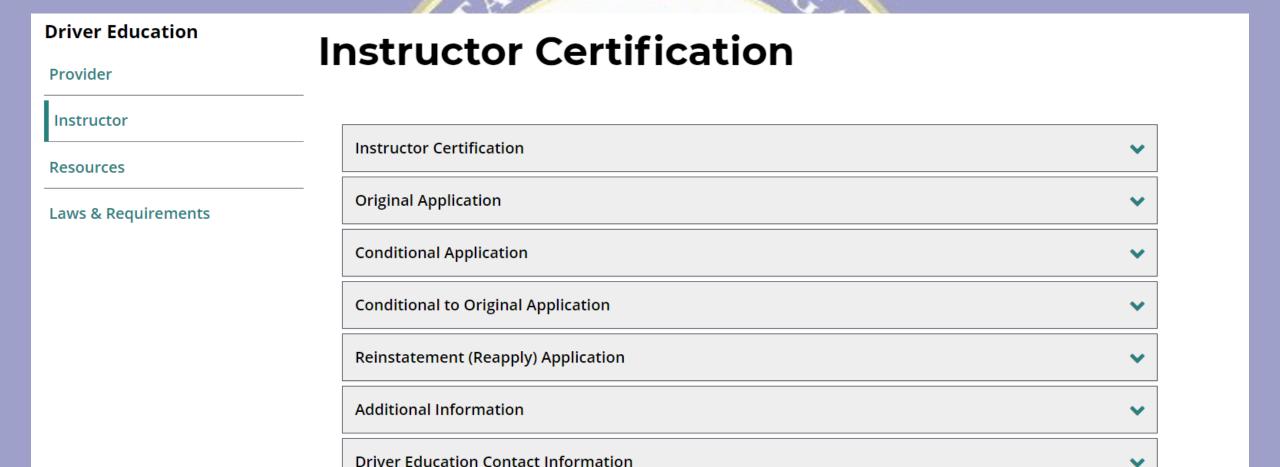
# **Instructor Renewal Information**

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

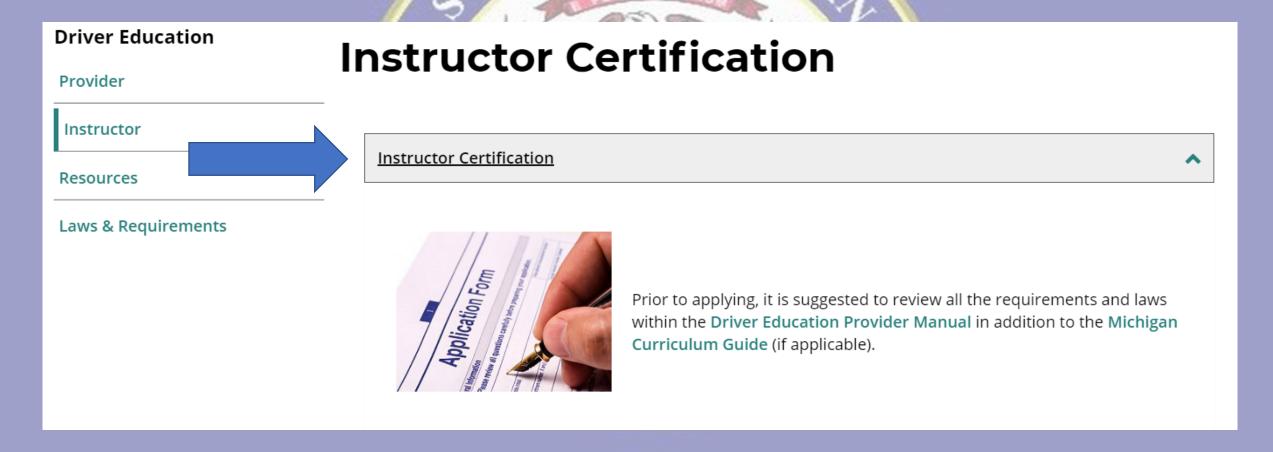
# **Contact Us**

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

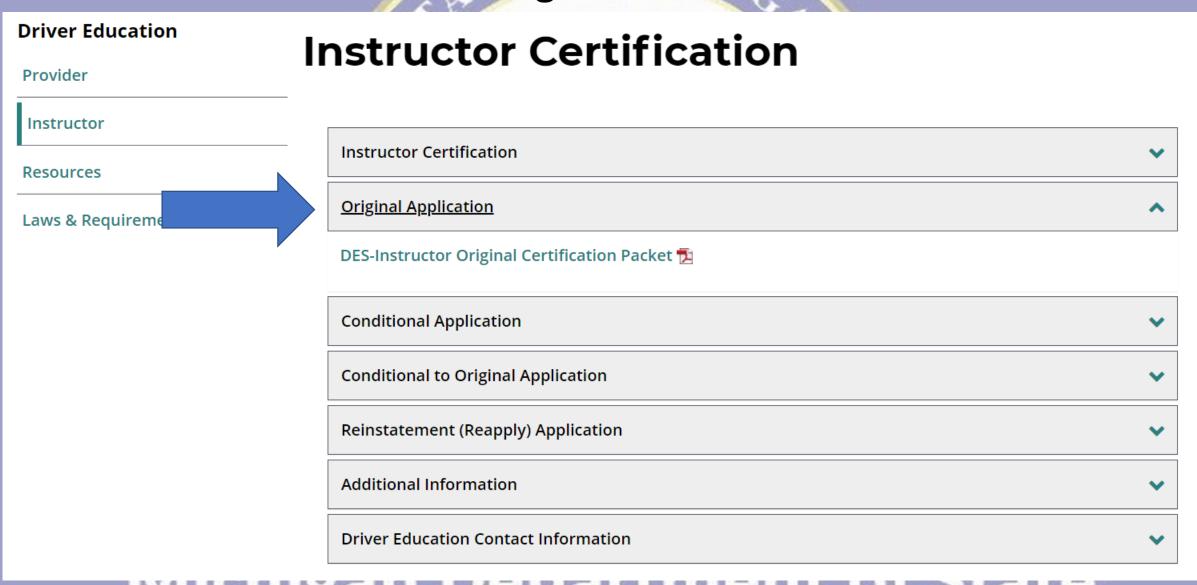
Once the new window opens, you will have several options available.



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



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



		E-10-0		1
	Phil	B. W.	1	
300, 100 3	n Mil	- A II	F $40$	100
The state of the s	00000		-D. W	9 9

-2	Driver Educati
• •	Instructor

# INSTRUCTOR ORIGINAL CERTIFICATION PACKET Michigan Department of State

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	,	Required document if applying by mail.	
MAIL		Michigan Department of State • Driver Education & Testing Section • 430 W. Allegan St. 3 <sup>rd</sup> Floor • Lansing, MI 48918	
ONLI	NE	It's FAST, EASY, and SECURE! Apply through CARS, e-Services TODAY!	
INST	TRUC1	OR ORIGINAL CERTIFICATION REQUIREMENTS	<b>√</b>
Be a	t least	21 years of age.	
Subr	nit a \$4	15.00 NON-REFUNDABLE original application processing fee by check or money order made payable to "State of Michigan".	
Lean	ner's P	vovide Behind-the-Wheel instruction involving the actual operation of a Commercial Motor Vehicle (CMV) by a Commercial emit holder on a range or a public road, you MMST hold a Commercial Driver License of the same (or higher) class and with all his necessary to operate the CMV for which training is to be provided.	
ď		DES-N01 Instructor Original Application. Do not submit page one of this packet.	
	0	DES-N03 Instructor e-Services Certification. Document in lieu of DES-N01 when renewing through e-Services.	
æ	▣	DES-NOS 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-6376 FMCSA Commercial Driver Medical Certification which MUST BE A VALUM MEDICAL CERTIFICATION THAT IS NOT EXPIRED.	
ď	0	RI-030 Live Scan Fingerprint. Required every 4 years. You must submit this form.	
ď	0	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.	
DRI	/ING F	ECORD REQUIREMENTS	<b>√</b>
Refer	r to the	Driver Education Provider and Instructor Act [PA 384 of 2006] included in the Driver Education Provider Manual for all requirements.	
Poss	esses	a valid driver license that has been in continuous effect for not less than 5 years immediately preceding the application.	
		eived a conviction for which 4 or more points were assessed under MCL 257.320a within the 5 years preceding the date the was submitted.	
		13 or more driver license denials, suspensions, or revocations, or any combination, imposed by the Secretary of State for the pear in court (FAC) or a failure to comply with a court judgment (FCJ) within the 2 years preceding application.	
		eived a conviction or finding of responsibility for a traffic violation in connection with 2 or more motor vehicle accidents within the 2 ding application.	
Has	not ac	sumulated 6 or more points under MCL 257.320 within the 2 years preceding application.	
Has	not rec	eived a conviction for transportation or possession of open alcohol container in vehicle within the 2 years preceding application.	
Has	not rec	eived a conviction for a person less than 21 years of age with any bodily alcohol content within the 2 years preceding application.	П
		eived a conviction for careless or negligent driving resulting in a civil infraction within the 2 years preceding application.	П
		HISTORY REQUIREMENTS	
		Driver Education Provider and Instructor Act [PA 384 of 2006] included in the Driver Education Provider Manual for all requirements.	Y
Has	not rec	eived a conviction for criminal sexual conduct, assault with intent to commit criminal sexual conduct, or an attempt to commit ual conduct, in any degree under MCL 750.520b to 750.520g.	
Has	not rec	eived a conviction for a felony involving a criminal assault or battery on an individual.	
		eived a conviction for a crime involving felonious assault on a child, child abuse in the first degree, cruelty, torture, or indecent volving a child.	
Has	not rec	eived a conviction for a felony involving the manufacture, distribution, or dispensing of a controlled substance or possession with nufacture, distribute, or dispense a controlled substance.	
		eived a conviction for a felony conviction involving fraud as an element of the crime.	

	Driver Education Instructor			TOR OR					S-N01 5/201
<b>T</b>		Michigan Depa	artment of State	Driver Education	on Section •	430 W. Allegan S	t. • Lansing, I	MI 48918	Clear Form
PART A	- CLASSIFICAT	ION (S) Check all							
Adult	☐ Conditional	motor vehicle.	is provided to a	person 18-yea	rs of age or o	older in the ope	ration of a mo	otor vehicle, oth	er than a commercial
	Reapply	Previous Instruc		N					
Teen	☐ Conditional	Driver training in age or less to a					er education	course that allo	ws a person 17-years
	Reapply	Previous Instruc	ctor Number	N					
Truck	Original	Instruction that	is provided to o	perate a comm	ercial motor	vehicle.			
	Reapply	Previous Instruc	ctor Number	N					
	CDL: Group _		Endorsement(	s)	Rest	triction(s)			
TOTAL	DUE =	\$45.00 (Check	or money orde	r made payable	to the "State	e of Michigan")			
	B - APPLICANT IN	NFORMATION		e addressed as:	Miss	☐ Mrs.	☐ Mr.		
First Nam	e		Middle Nan	ne		Last Name			Suffix
Home Ad	dress (Street, City, Sta	te, Zip Code, and Cour	nty)						•
Mailinn Ar	Adraes (If Afflarent from	above home address)	/Street City State	a 7in Code and Co	u mb/l				
muning 24	sareas (il amerent mon	above nome address)	(Onco, ony, out	, Ep 0000, and 00	20)				
Date of Bi									
Dute or D	irth Driv	er License Number an	d State of Licensur	Phone Num	iber	Em	ail Address		
			d State of Licensus	Phone Num	ber	Em	ail Address		
PART C	- REQUIRED ST	ATEMENT						7.11-	
PART C	C – REQUIRED ST	ATEMENT	tion instructor ce	rtificate in Michiga	an or any othe	er state?	) Yes [	□ No	
PART C	- REQUIRED ST	ATEMENT  In Good Standin	tion instructor ce	rtificate in Michiga		er state?	) Yes [	□ No	
PART C	C – REQUIRED ST applicant ever applie vas the certificate: D – STIPULATION licant agrees that leg	ATEMENT  In Good Standing	tion instructor ce	rtificate in Michiga	an or any othe Suspended   etary of state a	er state? []  Revoke against the applic	Yes C	cant's successor	in interest for a violation
PART C Has the a If YES, w PART D The applithis act, a	C – REQUIRED ST applicant ever applie vas the certificate: D – STIPULATION licant agrees that leg a rule promulgated u	ATEMENT  In Good Standing	tion instructor ce	rtificate in Michiga	an or any other Suspended  etary of state are same effect	er state?  Revoke against the applic as if personally s	Yes C	cant's successor	in interest for a violation
PART C Has the a If YES, w PART D The appli this act, a as long a	C – REQUIRED ST applicant ever applie vas the certificate: D – STIPULATION licant agrees that leg a rule promulgated u	In Good Standing of the standi	tion instructor ce	rtificate in Michiga	an or any othe Suspended stary of state a e same effect (2006 PA 384	er state?  Revoke against the applic as if personally s	Yes C	cant's successor	
PART C Has the a If YES, w PART D The appl this act, a as long a Printed N	C – REQUIRED ST applicant ever applie was the certificate: D – STIPULATION icant agrees that leg a rule promulgated u is the applicant itame of Applicant	ATEMENT  In Good Standin  Jal process affecting ander this act, or an orany outstanding liable	tion instructor ce	rtificate in Michiga ied S rved on the secre er this act, has the	an or any othe Suspended stary of state a e same effect (2006 PA 384	er state?  Revoke against the applic as if personally s	Yes C	cant's successor	pointment remains in for
PART C Has the a If YES, w PART E The appl this act, a as long a Printed N	- REQUIRED ST applicant ever applie was the certificate: 0 - STIPULATION icant agrees that leg a a rule promulgated u is the applicant has iame of Applicant  - CERTIFICATIO	ATEMENT  In Good Standin  In Good Standin  jal process affecting ander this act, or an any outstanding liabi	tion instructor ce ing Den the applicant, se order issued und lity within this st	rtificate in Michigatied Signature of	stary of state a e same effect (2006 PA 384	Revoke against the applic as if personally s	Yes E	cant's successor pplicant. This ap	pointment remains in for Date Signed
PART C Has the a If YES, w PART E The applithis act, a as long a Printed N PART E Any miss	C - REQUIRED ST applicant ever applie was the certificate: 0 - STIPULATION icant agrees that leg a rule promulgated u as the applicant has iame of Applicant  - CERTIFICATIC steading, incomple	In Good Standing approach and approach and approach and approach affecting ander this act, or an any outstanding liability outstanding liability approach and approach approach and approach approach approach approach and approach approach approach and approach appr	tion instructor ce ag Den the applicant, se order issued und lity within this st	ritificate in Michigalied Sieved on the secreer this act, has the ste under this act.  Signature of Signature	an or any othe Suspended  etary of state a e same effect (2006 PA 384 f Applicant	Revoke against the applic as if personally solication, or sus	Yes Cannot be applied and or the applied erved on the applied on the applied appears on the applied to the applied appears on the applied appli	cant's successor pplicant. This ap	Date Signed  Date signed  e certificate issued.
PART C Has the a If YES, w PART E The appl this act, a as long a Printed N PART E Any mis I, h cer	C – REQUIRED ST applicant ever applie was the certificate: 0 – STIPULATION icant agrees that leg a rule promulgated us site applicant has is the applicant E – CERTIFICATIC sleading, incomple ereby grant the licen tification (license) his	In Good Standing In Goo	tion instructor ce  g Den  the applicant, se  order issued und  lity within this st  ment may be gr  r state or jurisdic y actions or san	rtificate in Michiga ied S surved on the secre er this act, has the ate under this act Signature of ounds for denia tion permission, to titions to the Depa	un or any othe Suspended  stary of state as asme effect (2006 PA 384 Applicant)  If of this app or release infortrument of State	Revoke against the applic as if personally st  solication, or sus	Yes I and or the appliant or t	cant's successor pplicant. This ap evocation of the	Date Signed  Date Signed  e certificate issued.  ense) applications,
PART C Has the a If YES, w PART C The applithis act, a as long a Printed N  PART E Any mis I, h cer I he	C – REQUIRED ST applicant ever applie was the certificate: 0 – STIPULATION icant agrees that leg a rule promulgated us site applicant has is the applicant E – CERTIFICATIC sleading, incomple ereby grant the licen tification (license) his	In Good Standing In Goo	tion instructor ce  g Den  the applicant, se  order issued und  lity within this st  ment may be gr  r state or jurisdic y actions or san	rtificate in Michiga ied S surved on the secre er this act, has the ate under this act Signature of ounds for denia tion permission, to titions to the Depa	un or any othe Suspended  stary of state as asme effect (2006 PA 384 Applicant)  If of this app or release infortrument of State	Revoke against the applic as if personally st  solication, or sus	Yes I and or the appliant or t	cant's successor pplicant. This ap evocation of the	Date Signed  Date signed  e certificate issued.
PART C Has the a If YES, w PART E The appl this act, a as long a Printed N  PART E Any mis I, h cer I he unc I lau	C - REQUIRED ST applicant ever apple ass the certificate - STIPULATION icant agrees that leg a rule promulgate is the applicant has same of Applicant  E - CERTIFICATIC Sleading, incomple ereby grant the licen tification (licenot) irreduced to the service of the irreduced to the service of the irreduced to the service of the irreduced to the irr	In Good Standing In Goo	tion instructor ce  ng Den  the applicant, se  porder issued und  tilty within this st  nent may be gr  r state or jurisdic  y actions or san  criminal matter	ritificate in Michigalised Surved on the secree of this act, has that ate under this act Signature of Signatu	an or any other Suspended  attary of state a state a same effect (2006 PA 384 Applicant)  If of this app nelease infor arrent of Stat arrest, warrar	I Revoke against the applic as if personally s ).  Dilication, or sus medion concerning.	Yes E	cant's successor pplicant. This ap evocation of the certification (lice a request for m	Date Signed  Date Signed  e certificate issued.  ense) applications,
PART C Has the a If YES, w PART E The appl this act, a as long a Printed N  PART E Any mis I, h cer I he unc I at orini I he	- REQUIRED SI applicant ever applie was the certificate: - STIPULATION cant agrees he recommended in a rule promidgated of a rule promidgated of as the applicant has same of Applicant - CERTIFICATIC sleading, incomple ereby grant the licentification (license) his redey certify that I de reserved to the peartminal history chock is reserved yearly that I file reserved to the peartminal history chock is	ATEMENT  If do a driver educat  In Good Standir  all process affecting inder this act, or an any outstanding liabil  DN  tee, or false stater sing authority in any story, and disciplinar not have a pending ent of State to recei my recopnosibility.	tion instructor ce ag Den the applicant, se arder issued und tilty within this st thent may be gr state or jurisdic- y actions or sana criminal matter or	rifficate in Michigalied Side Side Side Side Side Side Side S	an or any other Suspended  atary of state a e same effect (2006 PA 384 Applicant)  of this app nelease infor arrest, warrar obtained from	Revoke against the application, or sus median constitution, or sus median concerninte.  Int, or conviction so the Michigan St. the Michigan St.	yes and or the application or real gary previous ince submitting	cant's successor pplicant. This ap evocation of the certification (lice g a request for m	Date Signed  Date Signed  certificate issued.  snse) applications,  y criminal history check
PART C Has the of If YES, w PART E PART E PART E Any mis I, h cer I he in i	2 – REQUIRED SI applicant ever applicate ever ever ever ever ever ever ever ev	ATEMENT d for a driver educate in Good Standin all process affecting all process affecting inder this act, or an any any authority of the standard plab  NN tet, or false statement as a standard plab ent of State to receive my respersibility, and decipitare not have a pending ent of State to receive my respersibility.	Den instructor ce  and Den  Den  Den  Den  Den  Den  Den  Den	tificate in Michigage  State of the secret of the secret of the secret of this act, has the ate under this act, as the ate under the ate	an or any other Suspended  tary of state a  same effect  (2006 PA 384   Applicant)  of this app  release infor  arrest, warrar  obtained from  sigan, I agree to  prescribed by  prescribe	Revoke against the application, or sus massion concerning to the Michigan St to submit a certifit the Secretary of	ant or the appliant or the app	can's successor.  vocation of the certification (lice a request for my he FBI. I undersort driving record to structor and will a	Date Signed  Date Signed  Date Signed  certificate issued.  inse) applications,  y criminal history check tand that the cost of the the Department of State complete an approved
PART C Has the of If YES, w. Printed N Printed N Part E Any mis I, h cer I he cer I he cer I he cov	c – REQUIRED ST applicant ever applie as the certificate: ) – STIPULATION ican a quee ha tel esta en la certificate i ne permujatad un a la promujatad un a la certificate i ne permujatad un a l	ATEMENT  In Good Standin  In Good Standi	the applicant, is considered in the applicant, in the applicant, is considered in the applicant, in the applicant in the applicant, in the applicant in the applicant, in the applicant in the applicant, in the applicant in the applicant, in the applicant, in the applicant, in the applicant, in the applicant in the applicant, in the applicant, in the applicant in the applic	Intificate in Michigage  Find and the secret of this act, has the secret of this act, has the second of the secret of this act and the secret of this act.  Signature of the secret of the second of t	an or any other Suspended   Interpretable that it is a same effect (2006 PA 384 Applicant  If of this app or release infor- formation obtained from igan, I agree to prescribed by used and the e	Ir state?  J Revoke against the application, or sus mation concerning.  In, or conviction is the Michigan St to submit a certifit in the mating and the state of experience of experienc	yes pension or reg any previous ince submitting the Police and the document of the police and the document of the police and the police and the document of the police and the document of the police and the document of the police and the police an	cant's successor.  This appropriate the certification (lice a request for my he FBI. I understriving record to structor and will a ro-year renewal).	pointment remains in for Date Signed a certificate issued. unse) applications, y criminal history check tand that the cost of the the Department of State complete an approved cycle threather.
PART C Has the in If YES, w. PART E The applith is act, is a long a Printed N  PART E Any miss I, h cer I he cer I he eve eve I he count C	2— REQUIRED ST applicant ever applies as the certificate: 1— STIPULATION client agrees that it is the applicate to a rule promulgated us na lee promulgated us as the applicant has the applicant as the applicant has the applican	ATEMENT  In Good Standin  In Good Standi	tion instructor ce  g Pen  Den  The applicant, se  rarder issued und  lity within this st  which is state or jurisdic  state or jurisdic  rorminal matter  ve and review m  issued by a state  sisonal Development  the he original ce  structor Condition	Inflicate in Michigan  Fifting the ind in the secret of this act, has the under this act. has the under this act as the under this act as the under this act of the under th	an or any other supported that are same effect (2006 PA 384 f Applicant) and of this app release information of state arrest, warrar obtained from prescribed by sued and the equilibrium of State (1997).	In Revoke  J Revoke  J Revoke  against the application, or sus  mation concerning.  te.  nt, or conviction so  the Michigan St  to submit a certific  the Secretary of  application days, and  the properties of the secretary of  application days.	yes  yes  yes  yes  yes  yes  yes  yes	cant's successors.  vocation of the certification (lice is a request for my he FBI. I unders driving record to structor and will dro-year renewal each) before I re	Date Signed  Date
PART C Has the if YES, w. If YES, w. PART E The applied The applied PART E Any mis I, h. L.	De-REQUIRED ST papicant ever applies to the paper state of the paper s	ATEMENT  In Good Standin  In Good Standi	the applicant, see the applicant is seen that applicant is	rificate in Michiguida Control on Michiguida Control on the secret this act, has the secret this act, has the secret of the secret of the secret on the secr	an or any other Suspended  stary of state a stary of state al of this appp or referent of Stat arrest, warrar obtained from sigan, I agree t prescribed by sued and the e wWLL NOT par Section 69 of opplication are 1	retate?  Revoke against the applic as if personally it i	yes []  and or the appliance of the appl	evocation of the certification (lice a request for my large and will remain a request for my large and will remain a request for my large and will remain a	Date Signed  Date
PART C Has the if YES, w. If YES, w. PART E The applied The applied PART E Any mis I, h. L.	c — REQUIRED ST page later than the certificate.  > STIPULATION  -	ATEMENT  d for a driver educate in Good Standin all process affecting all process affecting all process affecting to the control of the control  No  No  No  No  No  No  No  No  No	the applicant, see the applicant is seen that applicant is	interest in Michigan  Interest interest in Michigan  Interest in M	an or any other Suspended  stary of state a stary of state al of this appp or referent of Stat arrest, warrar obtained from sigan, I agree t prescribed by sued and the e wWLL NOT par Section 69 of opplication are 1	retate?  Revoke against the applic as if personally it i	yes []  and or the appliance of the appl	evocation of the certification (lice a request for my large and will remain a request for my large and will remain a request for my large and will remain a	Date Signed  Date



# INSTRUCTOR E-SERVICES CERTIFICATION

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

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

PART A - APPL	ICATION TYPE	Indicate what type of a	application you are applying	for through CARS e-Services.
☐ Conditional	Teen / Adult Classification(s)	When prompted, upload this form in lieu of DES-N01 Instructor	Original Application.	
Reapply	Any Classification(s)	When prompted, upload this form in lieu of DES-N01 Instructor Original Application.	Previous Instructor Number	N
Renewal	Any Classification(s)	When prompted, upload this form in lieu of DES-N07 Instructor Renewal Application.	Instructor Number	N
Original	Truck Classification	When prompted, upload this form in lieu of DES-N01 Instructor	Original Application.	
	CDL Cortification: Gr	oup Endorsoment(s) Rec	striction(s)	
PART R APPI	ICANT / INSTRUCTO	RINFORMATION		

rst Name of Applicant / Instructo

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).

- 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 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
- 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 responsibil
- 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
- 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
- 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

igna	ture	ot.	App	licant	П	nsi	nx	ı

Page 3 of 6

# Michigan Department of State

Page 2 of 6

Driver Education MEDICAL EV	AMINATION REPO	NDT.	Michigan	Clear I	Form
Instructor Michigan Department of State • Driver Edu			DES-N05	8/	2019
PART A – RELEASE OF INFORMATION	Application for:	Driver Education Instructor	☐ Driving Skills	Examiner	
lame of Applicant (Last, First, Middle)	Instructor's Certificate Nu	mber	Date of Birth		
treet Address	City		State	Zip Code	
hereby authorize and request that information regarding my medical condition b	e released to the Michigan Departme	nt of State and understand th	at the information	n provided	may
e used to request an assessment of my driving privilege.					,
Signature of Applicant			Date Signed		
NSTRUCTIONS FOR PHYSICIAN					
The Michigan Department of State requests your professional assistance to de usetions and any other pertinent information will help the MDOS assess the p confidential information may be mailed directly to the MDOS at the address sit- DEPIA MCL 256.537 (3)(§) Submits a certified medical examination report that is no practitioner icensed to practice in this state or in the applicant's state of residence qualified to operate a motor vehicle and to train others to operate a motor vehicle.	patient's ability to safely operate a r hown above. ot older than 90 days and that is prepare	notor vehicle and to train of ed by a physician, a physician	ners to operate a	certified n	urse dically
PART B - HEALTH QUESTIONS				YES	NO
Does patient have difficulty recognizing the colors of red, green, and a	amber used in traffic signal lights	and devices?			
2. Is patient's side (peripheral) vision less than 70° for either eye?					
<ol> <li>Does patient have an acuity impairment in either eye that is not correct</li> </ol>	•	better?			
I. Does patient: a. Have a missing foot, leg, hand, finger or arm?					
<ul> <li>Have any impairment of a foot, leg, hand, fing</li> </ul>	,				
<ol><li>Has patient had a heart attack, angina, coronary insufficiency, thromb</li></ol>	,				
<ul> <li>a. If "yes", has patient had labored breathing, fainting, collapse, cong</li> </ul>			ears?		
<ol><li>Has patient been diagnosed with a respiratory condition, such as emp</li></ol>					
<ul> <li>a. If "yes", is patient's respiratory condition likely to interfere with pat</li> </ul>	,	cle safely?			
<ol> <li>Has patient been diagnosed with high blood pressure of 140/90 or hig</li> </ol>	·				
<ol> <li>Has patient ever been diagnosed with rheumatic, arthritic, orthopedic,</li> </ol>		scular disease?			
<ul> <li>a. If "yes", is the condition likely to interfere with patient's ability to dr</li> </ul>					
<ol> <li>Has patient been diagnosed with epilepsy or any other condition that r</li> </ol>		ss or loss of control?			
<ul> <li>a. If "yes", has there been a lapse of consciousness or loss of control</li> </ul>					
<ol><li>Does patient use a controlled substance, amphetamine, narcotic, or a</li></ol>	ny other habit-forming drug or a h	nistory of alcoholism?			
<ol> <li>Has patient been diagnosed with any mental, nervous, organic or fund</li> </ol>	ctional disease, or psychiatric disc	order?			
<ul> <li>a. If "yes", is the condition likely to interfere with patient's ability to dr</li> </ul>	rive a motor vehicle safely?				
PART C - MEDICAL EXAMINER'S CERTIFICATION			mpleted by author		
I hereby certify that I am a physician; physician sasistant, or a certified in a fifth multi-hier examined the applicant for any and all physician impairme operate a motor vehicle in accordance to MCL 256.87 (3)(i) and that the p 256.87 (3)(ii) and that the p 256.87 (3)(ii) and that the p 256.87 (3)(ii) and that the p 256.87 (3)(iii) and the p 256.8	nts or conditions that would preclud attent: operating a motor vehicle and to tre from operating a motor vehicle and	the them from operating a motor others to operate a motor to train others to operate a	otor vehicle and t	o train oth	MCL
Preclude the applicant from: TRAINING OTHERS TO OPERATE.  Limit the applicant to: TRAIN OTHERS TO OPERATE A MOTOR		,			
Limit the applicant to: TRAIN OTHERS TO OPERATE A MOTOR  Medical Examiner's Name	VEHICLE UNLT DURING THE DA	Office Phone #			
Office Address		License Number			
fedical Examiner's Signature		Date Medical Examinati	on Report Complet	ed	

9. Home Address 16. New 14. Race 16. Othy 16. Heart Code 17. Eye Code 18. Live Scan Information 1 Date Princed 2. Picture ID Type Presented 3. Transaction Control Number (TCN) 4. Live Scan Operator 1 Date Princed 2. Picture ID Type Presented 3. Transaction Control Number (TCN) 4. Live Scan Operator 1 When an individual ID is provided, please enter the ID into the Miscoellaneous Number (MNU) field on the Live Scan device. Select CA - Origin Agency Identifier and then enter the unique identifier in the Identification Code field. 7. Privacy Act Statement Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investign (FBI) is generally authorized under 28 U. S.C. S34. Depending on the nature of your application, supplemental authorities includ Federal statutes, State statutes pursuant to Pub. L. 92-544. Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information by the Federal Bureau of Investign (FBI) is generally authorized under 28 U. S.C. S34. Depending on the nature of your application, supplemental authorities includ Federal statutes, State statutes pursuant to Pub. L. 92-544. Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information-librometrics 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 and associated information-librometrics are relations. And sent inflamperint in the FBI for the purpose of comparing your fingerprints and associated information-librometrics are relation of the imperint in the FBI for the purpose of comparing your fingerprints and associated information-librometrics are relation of the imperint in the FBI for the purpose of comparing your fingerprints and associated information-librometrics are relation of the compared angients of the fingerprint in the purpose of the comparing one of the comparing of th			L		Form	_	I	result i	LIANCE: Vo	oluntary. quest.	Howeve	r, failure to		248, & MCL 28.2 nplete this form v
National principation   1. Properties Reason Code   2. Requester/Agency ID   3. Agency Name   4. Individual ID (M 2005)   270   2. Requester/Agency ID   3. Agency Name   4. Individual ID (M 2005)   270   2. Requester/Agency ID   3. Agency Name   4. Individual ID (M 2005)   270   2. Requester/Agency ID   3. Agency Name   5. First N	D T													d bustons
1. Experient Reason Code 2. Requester//gency ID 3. Agency Name Department of State Department of State III. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.  16. Last Name St.	Instructions: S	ee page two.		based bac	aground	a cne	eck for employ	ment, to void	inteer, or for	licensin	g purpose	es as autro	orized	d by law.
Department of State														
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.  10. Last Name  10. First Name  11. Social Security Number (Optional)  21. Any Alternative Names. Last Names. or Alases  12. Any Alternative Names. Last Names. or Alases  13. Social Security Number (Optional)  24. Place of Birth (State or Country)  25. Date of Birth  27. Driver's License / State ID Number  27. Driver's License / State ID Number  28. Insured Names. Last Names. or Alases  19. Both of State ID Number  29. Home Address  19. Both of State ID Number  19. Both of State ID Numb		eason Code		stor/Ageni				State				4.	Indiv	ridual ID (MNU-C
2. Any Alternative Names. Last Names, or Alasses 4. Pince of Birth (State or Country) 5. Date of Birth 1. Other Process 10. City 11. State 12. 2PC 13. Sex 14. Race 15. Health 15. Health 16. Weelth 17. Eye Color 18. Hair Color 18. Live Scan Information 10. Date Printed 2. Picture ID Type Presented 3. Transaction Control Number (TCN) 4. Live Scan device. Select CA - Origin Agency Identifies and then etter the unique identifier in the Identification Code field. W. 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. S34. Depending on the nature of your application, supplemental authorities including friendly authorized under 28 U.S.C. S34. Depending on the nature of your application, supplemental authorities including friendly authorized under 28 U.S.C. S34. Depending on the nature of your application is provided to the employing fingerprints and associated information by the Federal Bureau of Investigations. Providing your fingerprints and associated information is voluntary, however, failure to do so may affect completion or approval of your application investigating or otherwise responsible agency, and for the FIII of the purpose of companity clearances, may be predicated on fingerprint shared associated information is voluntary, however, failure to do so may affect completion or approval of your application investigating, or otherwise responsible agency, and for the FIII of the purpose of companity clearances, may be predicated on fingerprint and associated information investigating, or otherwise responsible agency, and of the FIII of the purpose of companity our fingerprints to other fingerprint the FIII s Next Generation identification (NGI) system or its successor systems (including cvi), criminal, and latent fingerprint the FIII s Next Generation identification five filter of the variable tercores of the employing, investigating, or otherwise responsible agency	II. Applicant	Informati		or clearly					going to be	fingerp	rinted.			
4. Place of Birth (State or Country) 5. Date of Birth 6. Phone Number 7. Driver's License / State ID Number 8. Issue 19. Home Address 9. Home Address 10. Oily 11. State 12. ZEP 6. Driver's License / State ID Number 8. Issue 19. State 19. Driver's License / State ID Number 8. Issue 19. State 19. Driver's License / State ID Number 8. Issue 19. State 19. Driver's License / State ID Number 19. Driver's License /	la. Last Name					1b. F	irst Name			-	1c. Mic	ddle Initial	1	ld. Suffix
4. Place of Birth (State or Country) 5. Date of Birth 6. Phone Number 7. Driver's License / State ID Number 8. Issue 19. Home Address 9. Home Address 10. Oily 11. State 12. ZEP 6. Driver's License / State ID Number 8. Issue 19. State 19. Driver's License / State ID Number 8. Issue 19. State 19. Driver's License / State ID Number 8. Issue 19. State 19. Driver's License / State ID Number 19. Driver's License /										-			4	
9. Home Address 10. Oilly 11. State 12. ZPC 13. Sex 16. Race 15. Height 15. Height 16. Weight 17. Eye Color 18. Hair Color 18. Live Scan Information 10. Date Period 2. Picture ID Type Presented 3. Transaction Control Number (ICN) 4. Live Scan device. Select OA - Origin Agency Identifier and their effect the unique identifier in the identification Code field.  When an individual ID is provided, please enter the ID into the Miscellaneous Number (INNU) field on the Live Scan device. Select OA - Origin Agency Identifier and their effect the unique identifier in the identification Code field.  W. Privacy Act Statement Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investig. (Figil) is generally authorized under 28 U.S.C. SA. Depending on the nature of your application, supplemental authorities includ Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing yo fingerprints and sasociated information is evoluntary, however, failure to do so may affect completion or approval of your application in Executive Orders, and federal regulations. Providing yo fingerprints and sasociated information is evoluntary, however, failure to do so may affect completion or approval of your application investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints and sasociated information-finements: an associated information-finements: are retained in NGI, your information may be desclosed pursuant to your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses to the properties and associated information-finements: are retained in NGI, your information may be disclosed pursuant to your consent and associated information-f	2. Any Alternativ	e Names, La	ist Names,	or Aliases						3.	DO NOT	CURITY NUR SUBMIT	mber ΓSSt	(Optional) N
13. Sex 16. Race 15. Height 16. Weight 17. Eye Color 18. Hair Color 18. Live Scan Information 1. Date Period 2. Picture ID Type Presented 3. Transaction Control Number (TCN) 4. Live Scan device. Select CA - Origin Agency Identifier and their effect the unique identifier in the identification Code field.  When an individual ID is provided, please enter the ID into the Miscellaneous Number (INNU) field on the Live Scan device. Select CA - Origin Agency Identifier and their effect the unique identifier in the identification Code field.  W. Privacy Act Statement  Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investig. (FBI) is generally authorized under 28 U.S.C. S3. Depending on the nature of your application, supplemental authorities includ Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing yo fingerprints and sasociated information is evoluntary, however, failure to do so may affect completion or approval of your application frame of the provided providing your provided by the providing your fingerprints and executive Orders, and federal regulations. Providing yo fingerprints and executive Circles, and security clearances, may be precicated on fingerprints and executive Circles, and security clearances, may be precicated on finegerprints and executive Circles, and security clearances, may be precicated on finegerprints and executive Circles, and security clearances, may be precicated on finegerprints and executive Circles, and security clearances, may be precicated on finegerprints and executive Circles, and security clearances, may be precicated on from available records of the employing, investigating, or otherwise responsible agency. The EBI may retain your fingerprints and associated information-fibrometrics are retained in NGI, your information may be disclosed pursuant to your consent and associated information-fibrometrics are retained in NGI, your informatio	4. Place of Birth	(State or Co	untry)	5. Date	of Birth	6.	Phone Numb	er	7. Driver's	License	/ State ID	Number		8. Issuing Stat
13. Sex 16. Race 15. Height 16. Weight 17. Eye Color 18. Hair Color 18. Live Scan Information 1. Date Period 2. Picture ID Type Presented 3. Transaction Control Number (TCN) 4. Live Scan device. Select CA - Origin Agency Identifier and their effect the unique identifier in the identification Code field.  When an individual ID is provided, please enter the ID into the Miscellaneous Number (INNU) field on the Live Scan device. Select CA - Origin Agency Identifier and their effect the unique identifier in the identification Code field.  W. Privacy Act Statement  Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investig. (FBI) is generally authorized under 28 U.S.C. S3. Depending on the nature of your application, supplemental authorities includ Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing yo fingerprints and sasociated information is evoluntary, however, failure to do so may affect completion or approval of your application frame of the provided providing your provided by the providing your fingerprints and executive Orders, and federal regulations. Providing yo fingerprints and executive Circles, and security clearances, may be precicated on fingerprints and executive Circles, and security clearances, may be precicated on finegerprints and executive Circles, and security clearances, may be precicated on finegerprints and executive Circles, and security clearances, may be precicated on finegerprints and executive Circles, and security clearances, may be precicated on finegerprints and executive Circles, and security clearances, may be precicated on from available records of the employing, investigating, or otherwise responsible agency. The EBI may retain your fingerprints and associated information-fibrometrics are retained in NGI, your information may be disclosed pursuant to your consent and associated information-fibrometrics are retained in NGI, your informatio														
III. Live Scan Information  1. One Period  2. Picture ID Type Presented  3. Transaction Control Number (TCN)  4. Live Scan Device. Select CA - Origin Agency Certain Vision of the Live Scan Device. Select CA - Origin Agency Identifier and their exter the unique identifier in the identification Code field.  When an individual ID is provided, please enter the ID into the Miscellaneous Number (INNU) field on the Live Scan device. Select CA - Origin Agency Identifier and their exter the unique identifier in the identification Code field.  W. Privacy Act Statement  Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investige (FBI) is generally authorized under 2 U. S.C. SA. 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 of the providing you fingerprints Agency and the exception of the providing your propriets of the providing Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on Imagentine-based background checks. Your fingerprints and associated information-themetics may be provided to the employing interprints and associated information-themetics may be provided to the employing the FBIs Next Generation Identification (NGI) system or its successor systems (including CAI), criminal, and latent fingerprint the FBIs Next Generation Identification (NGI) system or its successor systems (including CAI), criminal, and latent fingerprint and associated information-thiometrics are retained in NGI, your information may be disclosed pursuant to your consent and associated information-thiometrics are retained in NGI, your information may be disclosed pursuant to your consent and associated without your c	). Home Addre	68					10. City					11. State	9	12. ZIP Code
1. Date Printed  2. Pleture (D. Type Presented  3. Transaction Control Number (TCN)  4. Lee Scan Operator  4. When an individual (D is provided, please enter the (D into the Miscellaneous Number (MNU) field on the Live Scan device. Select CA - Crigin Appropriate and the meter the numpie elementer in the Identification Code field.  IV. Privacy Act Statement  Authority. Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investiga (RIB) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities includ Federal Educations. State statutes pressure to Pt.D. L. 02-544. Presidental Executive Orders, and federal regulations. Providing on figure prints and associated information is voluntary; however, failure to do so may affect completion or approval of your applicat Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information his voluntary; however, failure to do so may affect completion or approval of your applicat 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 for the FIBI for the purpose of companies to enter fingerprint the FIBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint the FIBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint the FIBI's Next Generation Identification five fingerprints and associated information-biometrics are retained in NGI, your information-biometrics are retained in NGI, your information-biometrics are retained in NGI, your information may be disclos	13. Sex	14. Race			15. He	eight		16. Weight		17. E	e Color		18. F	Hair Color
1. Date Printed  2. Pleture (D Type Presented  3. Transaction Control Number (TCN)  4. Live Scan Operator  4. When an individual (D is provided, please enter the 1D into the Miscellaneous Number (MNU) field on the Live Scan device. Select CA - Crigin Agency Identifies and them 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 (Privacy) and Carlos (Privacy) and														
"When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Origin Agency literaffer and their enter the unique identifier in the Identification Code field.  W. Privacy Act Statement  W. Privacy Act Statement  W. W		n Informat												
Agency (ternitive and then enter the unique identifier in the identification Code field.  W. Privacy A.C. Statement  Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investig.  (Figil) is generally authorized under 28 U.S. C. S34. Depending on the nature of your application, supplemental authorities includ Federal statutes, State statutes pursuant to Pub. L. 92-544. Presidential Executive Orders, and federal regulations. Providing yo fingerprints and associated information is voluntary, however, failure to do so may affect completion or approval of your application and associated information is voluntary, however, failure to do so may affect completion or approval of your applicate. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-base background rebests. Your fingerprints and associated information benefities and expension of the purpose of comparing your fingerprints to other fingerprints the FIBN Next Generation Identification (NGI) system or its successor systems (including oxid, criminal, and latent fingerprints the FIBN sext Generation Identification (NGI) system or its successor systems (including oxid, criminal, and latent fingerprints repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FIB may retain you fingerprints and associated information-inhorities in NGI after the completion of this application and, while retained, your finger may continue to be compared against other fingerprints submitted to or retained by NGI.  Routine Uses C. buring the processing of this application and for as long thereafter as your fingerprints and associated information-inhorities 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 interior of th	. Date Printed		2. Picture	ID Type	Present	ed		3. Transact	ion Control N	lumber	(TCN)	4. Live S	can (	Operator*
If, after reviewing his/her Identification record, the subject thereof believes that it is incorrect or incomplete in any respect and witchanges, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contribute 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 (CIRS) Division, ATTN: SCU, Mod. D2, 1000 Custed Road, Clarksburg, WV 28306. The FBI will then forward the challenge to the agency which submitted the data requesting that as to verify or correct the challenge and thy. Upon the receipt of an efficial communication directly from the agency which contribute 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  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 agency is the release of my personal information for such purposes and release of any personal information for such purposes and release of any personal information for such purposes and release of any personal information to the authorized requesting agency its	(FBI) is general Federal statute	ally authorizes, State st	ed under: atutes pur	28 U.S.C suant to I	. 534. Pub. L.	Dep 92-	pending on the	ne nature of ential Execu	f your applicative Orders	ation,	supplem ederal re	ental auti gulations	horiti . Pro	ies include oviding your
changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contrible the questioned information. The subject of a record may also direct hisher challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CLIS) Division, ATTN: SCU, Mod. D2, 1000 Custer held Nead, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that as to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributes 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  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	(FBI) is general Federal statuti fingerprints an Principal Puri fingerprint-bas investigating, the FBI's Next repositories) o fingerprints an may continue Routine Uses information/bio without your or Federal Regis not limited to, contracting, agencies; crim	ally authorizes, State studies as State studies, State studies, State studies, State studies as State studies as State studies, and state as State state as State state as State state state as State	ted under atutes pur de dinformal	28 U.S.C suant to it tion is vo it inations, ks. Your ble agention (NG rds of the tion/biom st other rng of this in NGI, yey the Privitine User ying, goverances, a and age	2. 534. Pub. L. luntary such a fingerp cy, and l) syste e emple ietrics i fingerp cour infe vacy A s for the rernme and othe ncies r	Dej. 92- ; ho as er print d/or em co oyin in N arints atio or em co or em co or em co oyin in N arints atio or em co or em co em co or em co em co em co or em co or em co em co or em co em or em co or em co em or em co em em e	pending on the 544, Preside wever, failure mployment, lis and associative FBI for the rits success g, investigating after the cost submitted to a nand for as a attion may be failured to the rits submitted to a submitted to submitted the rits of the rit	the nature of one nature of one nature of one of the continuation	f your application of your application of your application of the year of your allowing the your allowing the your application of the your application of the your application of the your pursuant to a Routine United the your application of your a	ation, and feompleticlearantrics may gyour civil, crinsible acation affinger gyour coses as utine Upencies, tribal, cosafet	supplemederal re- on or ap- ces, may ay be pri fingerpri minal, ai- agency. and, while orints and onsent, a may be p lses. Roi respons or feder	ental autigulations proval of y be pred ovided to ints to othe nd latent The FBI e retained d associa and may be put interest outine Use sible for e	horiticate the her finger may d, you ated the her did at a since mplo	ies include oviding your r application. ed on employing, ingerprints in erprint retain your our fingerprints isclosed any time in the clude, but are opment,
Lunderstand 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	(FBI) is general statuture. Federal statuture in fingerprints an Principal Purp fingerprint-bas investigating, it her FBI's Next repositories) of fingerprints an may continue in Routine Uses information/bic without your contracting, licit agencies; crim V. Procedum V. Procedum V. Procedum statuture in statuture in the process of the p	ally authorizes, State street, Includin disclosures expensing, see the Obtain Justice of the Obtain State street,	ted under atutes pur de dinformal ain determind check e responsi h Identifica allable reco di informal ared agair e processi e retained dermitted big the Rout to emplo purity clear agencies; in a Charitante pur de control	28 U.S.C suant to it tion is vo it inations, ks. Your ble agention (NG rds of the tion/biom st other ng of this in NGI, ye the Privitine User ying, gow ances, a and age nge, Contact to the contact to the contact to the priving.	2. 534. Pub. L. luntary such a fingerp cy, and l) syste e emple ietrics i fingerp applic our infe vacy A s for the remme ind other incies r	Dej 92- ; ho as er or	pending on the 544, Preside wever, failure imployment, liss and association for the FBI for the rits success g, investigating after the cs submitted to a lation may be f 1974 and all GI system and rauthorized witability deteonsible for na cor Update or Update in the state of th	he nature of initial Execute e to do so no iccensing, ar ated informa ee purpose or or systems ing, or other completion or or retaine long thereal disclosed planapies disclosed to the FBI's d non-gover irminations; ational secu- of Identifii	your application of your application of your application of accounting the young of comparing (including your application) of this application of this application of the young of the young of the young youn	ation, and feompleticlearantrics may gyour civil, crinsible a cation a fingerpyour coses as utine Upencies, tribal, c safet cords	supplem ideral re- ion or ap- ces, mai ay be pri fingerpri minal, ai agency. and, while prints and onsent, a may be p ises. Roi respons or feder y.	ental autigulations sproval of y be pred ovided to ints to oth nd latent The FBI e retained d associal and may be published upublished eral law en	horitic. Pro your jour jour just the the finger finger may d, you atted to did at a since incomplication force force in the force in the financial force in the f	ies include viding your r application. ed on employing, ingerprints in erprint retain your uur fingerprints isclosed any time in the clude, but are oyment, ement
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 liste	(FBI) is generally feed of the control of the contr	ally authorize es, State stid associate pose: Certrees esed backgroor or otherwise Generation or other avaid dassociate to be comp. E: During the ometrics are onsent as p ter, includin disclosures en to Obtain intal justice e to Obtain interpretation or record to ure. WY 25 Generation et al. (1997) et al. (1997)	ted under i atutes pund dinformal ain determ wind check of a responsi ni dentifica allable reco dinformal ared agair a processis a retained ermitted big the Rout to employ uto: employ surity clear agencies; in a Chari identificati updating of n. The su the FBI, C 3306. The I BI CJIS D CJIS D CJIS D CJIS D CJIS D CJIS D CJIS D CJIS D CJIS D CJIS D CJIS D CJIS D CJIS D CJI	28 U.S.C suant to littor is voice in such a construction is voice in such a construction (NG of the intervention (NG), yet in the intervention (NG), yet int	2. 534. Pub. L. Lluntary but L. Lluntary but L. Lluntary but L. Lluntary cy, and fingerp cy, and fingerp cy, and fingerp cy, and fingerp applicit our inferovacy A so for the remainder our inferovacy A so for the remainder cour inferovacy A finder control of the remainder of the	Dej 92- 92- 93- 95- 96- 97- 97- 97- 97- 97- 97- 97- 97- 97- 97	pending on the 5-544. Preside wever, failurn imployment, li, is and associate the FBI for the or its success, g, investigatis GI after the is submitted to and for as in and for as in the interior inter	ne nature of the network of the control of the cont	I your applictive Orders and affect of a security a diffect of a security attion/borne of comparin (including a wise response of this applictive of a by NGI.  If the application of this application of the property	cation, and fe football and fe	supplem supple	ental autigulations gulations piproval of y be pred ovided to ints to other that other that other d associa and may be published utine Use sible for e all law en e in any re e agency or complete to to 2, 10 d ency that e retained that e in any re e agency or complete that e retained e in any re e in	horitic. Pro- your licate the there fi finger may d, you atted to a tat	ies include widing your application, and proposed in employing, ingerprints in aprint retain your retain your your retain your retain your retain your retain your retain your retain your your retain your retain your retain retain your retain
above.	(FBI) is general Federal status (FBI) is general Federal status (fingerprints an Principal Pur Principal Pur Principal Pur Ingerprint-basin westigating, whe FBI's Next Ingerprint and Ingerprints (Faither Principal Purplement Principal Purpleme	ally authorizes, state state as so, state state as state state as so, state state dissociate pose: Certriesed backgroor or otherwise. Generation or other avaid associate to be compe.: During the ometrics are consent as peter, including disclosures exensing, seeninal justice et o Obtain in particular in partic	ted under i atutes pund dinformal ain determ wind check of a responsi ni dentifica allable reco dinformal ared agair a processis a retained ermitted big the Rout to employ uto: employ surity clear agencies; in a Chari identificati updating of n. The su the FBI, C 3306. The I BI CJIS D CJIS D CJIS D CJIS D CJIS D CJIS D CJIS D CJIS D CJIS D CJIS D CJIS D CJIS D CJIS D CJI	28 U.S.C suant to littor is voice in such a construction is voice in such a construction (NG of the intervention (NG), yet in the intervention (NG), yet int	2. 534. Pub. L. Lluntary but L. Lluntary but L. Lluntary but L. Lluntary cy, and fingerp cy, and fingerp cy, and fingerp cy, and fingerp applicit our inferovacy A so for the remainder our inferovacy A so for the remainder cour inferovacy A finder control of the remainder of the	Dej 92- 92- 93- 95- 96- 97- 97- 97- 97- 97- 97- 97- 97- 97- 97	pending on the 5-544. Preside wever, failurn imployment, li, is and associate the FBI for the or its success, g, investigatis GI after the is submitted to and for as in and for as in the interior inter	ne nature of the network of the control of the cont	I your applictive Orders and affect of a security a diffect of a security attion/borne of comparin (including a wise response of this applictive of a by NGI.  If the application of this application of the property	cation, and fe football and fe	supplem supple	ental autigulations gulations piproval of y be pred ovided to ints to other that other that other d associa and may be published utine Use sible for e all law en e in any re e agency or complete to to 2, 10 d ency that e retained that e in any re e agency or complete that e retained e in any re e in	horitic. Pro- your licate the there fi finge may d, you ated to a tat a	ies include widing your application, and proposed in employing, ingerprints in aprint retain your retain your your retain your retain your retain your retain your retain your retain your your retain your retain your retain retain your retain

OF MICE

INSTRUCTIONS

## Authorizing Information

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

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

## 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.

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.

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.

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



# 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





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.