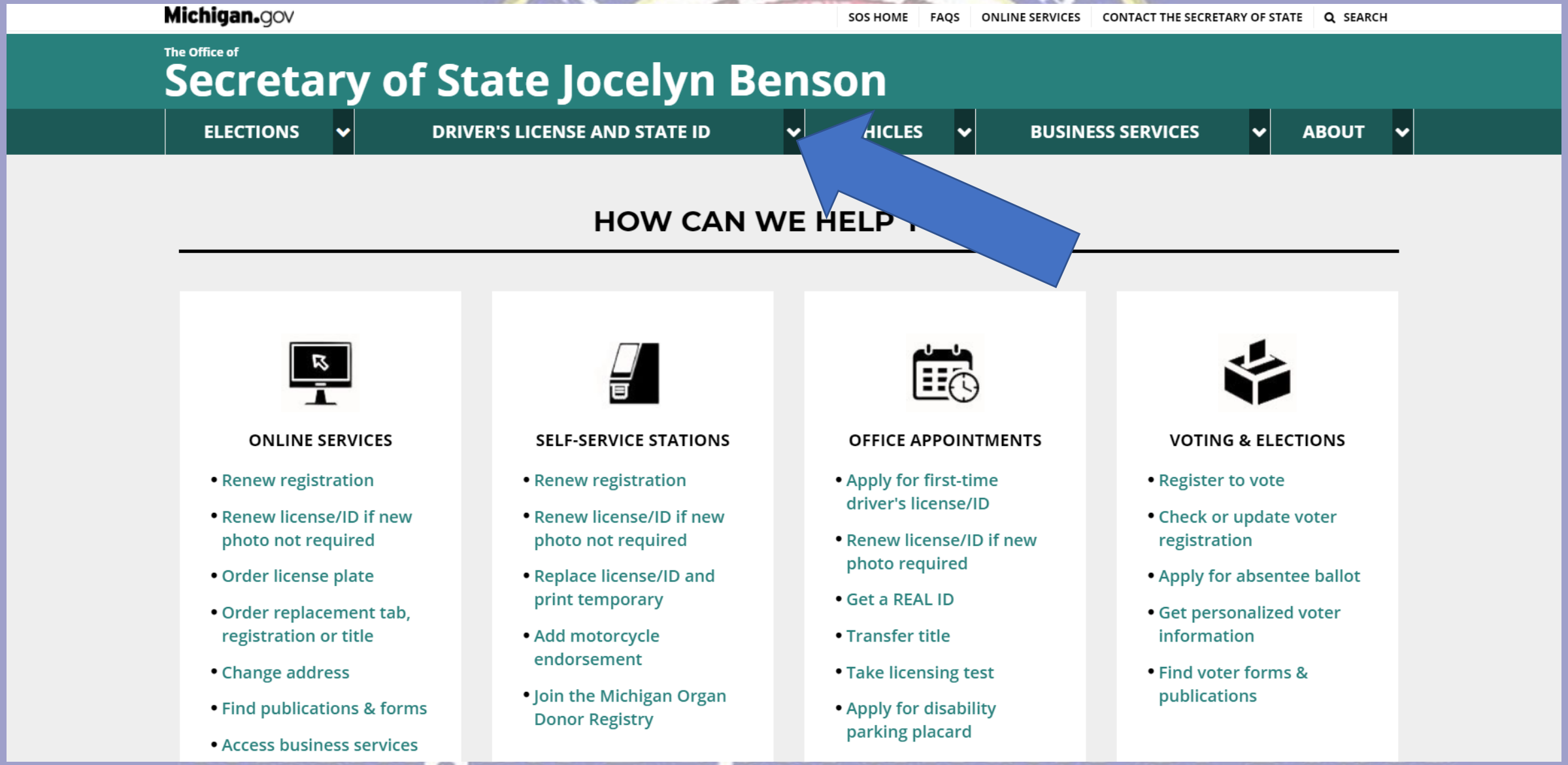
How To Become A

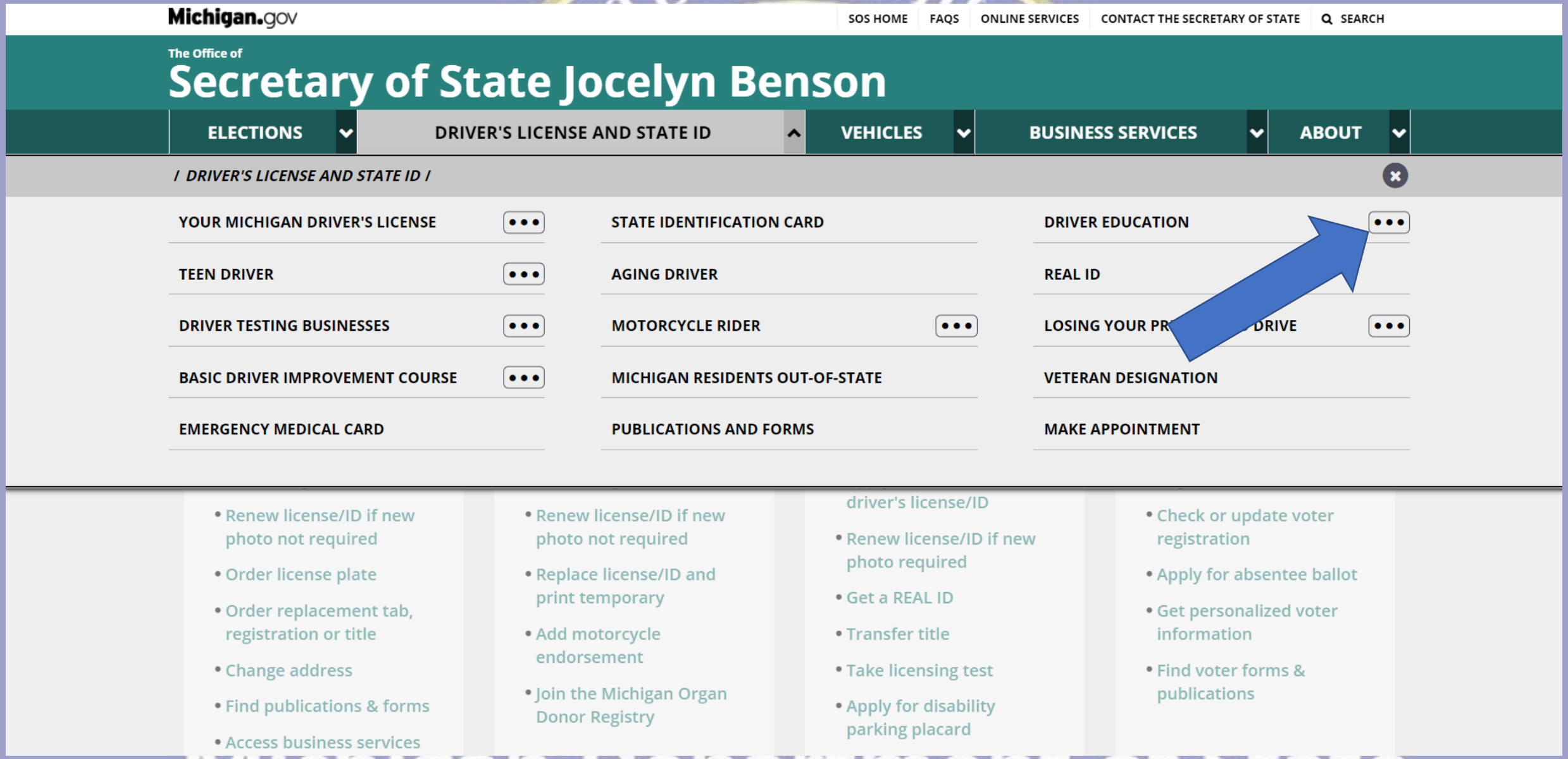
Truck Provider

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

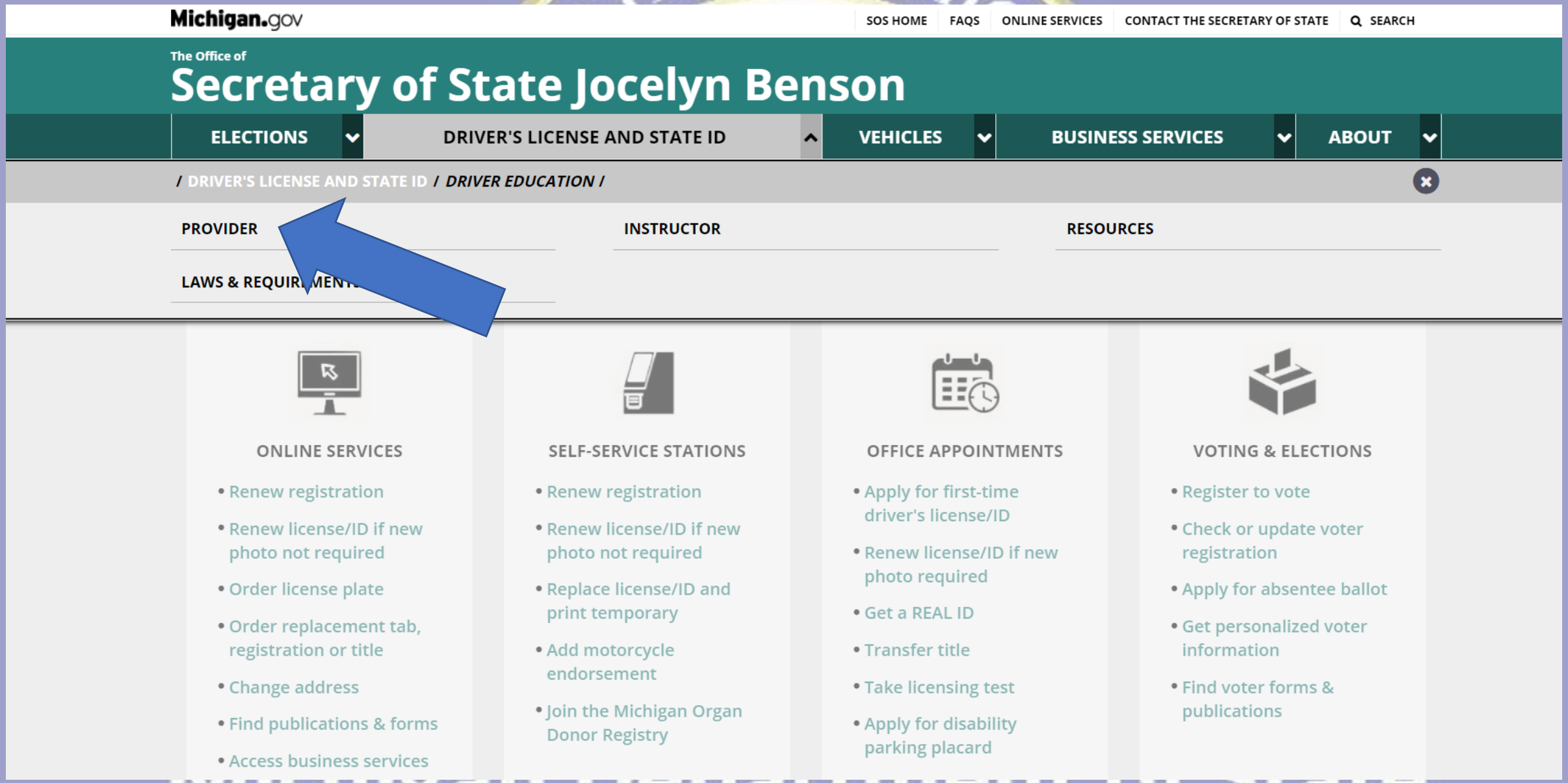


Step 2: Click on the "…" next to the Driver Education section



Michigan Department of State

Step 3: Click on “Provider”



Step 4: Click on “Provider Certification Process”

Driver Education

- Provider
- Instructor
- Resources
- Laws & Requirements

Provider

A Driver Education Provider is required to be certified by the Secretary of State. A person who engages in or offers to engage in the activity as a driver education provider without holding a valid certificate 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.

Provider Certification Process
Information to apply for a Driver Education Provider Certificate with Adult, Teen, and/or Truck classification(s).

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

Currently Certified Provider
Ability to change your business information, review sample documents, complete Classroom Request, Program Request and Completion forms to name a few.

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

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

The Office of
Secretary of State Jocelyn Benson

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

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

Driver Education

- Provider
- Instructor
- Resources
- Laws & Requirements

Provider Certification Process

- Provider Certification Process
- Provider Certification Application
- Adult Classification
- Teen Classification
- Truck Classification
- Additional Information
- Driver Education Contact Information

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

Driver Education

- Provider
- Instructor
- Resources
- Laws & Requirements

Provider Certification Process

Provider Certification Process

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).

To apply, please complete and submit the DES-P01 Provider Certification Application. Including all the required applicable documents.

- Provider Certification Application
- Adult Classification
- Teen Classification
- Truck Classification
- Additional Information
- Driver Education Contact Information

Step 6: Click on “Provider Certification Application”. Be sure to complete all applicable forms.

Driver Education

- Provider
- Instructor
- Resources
- Laws & Requirements

Provider Certification Process

Provider Certification Process

Provider Certification Application

DES-P01 Provider Certification Application

DES-P02 Provider Signature Certification

DES-P03 Surety Bond

DES-P04 Classroom Request

Behind the Wheel Route Outline (DES-P04 Required Attachment)

DES - ACORD Certificate of Liability Insurance - Sample for Owned Auto

DES - ACORD Certificate of Liability Insurance - Sample for Hired Vehicle

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.

DES-P01 Provider Certification Application

Driver Education Provider

PROVIDER CERTIFICATION APPLICATION

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

Michigan Department of State
DES-P01 4/19/2019

PROVIDER CERTIFICATION CHECKLIST

This checklist will provide you with the information needed to apply for a Driver Education Provider Certificate with Adult, Teen, and/or Truck classification(s). Additional information can be found at: Michigan.gov/DriverEd. To apply, the applicant must complete and submit either by mail or online the following requirements:

KEY	A = Adult Classification T = Teen Classification TR = Truck Classification
	Required document if applying by mail. Required document if applying through CARS e-Services. ✓ Required for indicated classification.
MAIL	Michigan Department of State • Driver Education Section • 430 W. Allegan St. 3rd Floor • Lansing, MI 48918
ONLINE	It's FAST, EASY, and SECURE! Apply through CARS e-Services TODAY!

A	T	TR	REQUIREMENTS	✓
✓	✓		Submit a **$225.00 NON-REFUNDABLE** processing fee for a provider with an Adult and/or Teen classification(s). EXEMPT: Educational institution or governmental agency.	☐
		✓	Submit a **$360.00 NON-REFUNDABLE** processing fee for a provider with a Truck classification. Fee is in addition to the $225.00 Teen/Adult classification fee. EXEMPT: Educational institution or governmental agency.	☐
	✓		If applicable, submit an additional **$125.00 NON-REFUNDABLE** multiple vehicle driving facility (range) processing fee **for each** requested range. No provider business type is exempt from this fee.	☐
✓	✓	✓	Out of State Driver's License. If you DO NOT have a Michigan driver's license, you must submit (**ONLY BY MAIL**) a copy of your out of state driver's license in addition to a verified copy of your driving record regardless if applying through CARS e-Services.	☐
✓	✓	✓	DES-P01 Provider Certification Application. Only submit the Provider Certification Form found on pages 3 – 6 within this document.	☐
✓	✓	✓	DES-P02 Provider Signature Certification. If applying through CARS e-Services, use this document in lieu of DES-P01 Provider Certification Application.	☐
✓	✓	✓	DES-P03 Surety Bond. EXEMPT: Educational Institutions and Governmental Agencies.	☐
	✓	✓	DES-P04 Classroom Request.	☐
✓	✓	✓	Vehicle Insurance ACORD Certificate of Liability.	☐
✓	✓	✓	RI-030 Live Scan Fingerprint. **ALL owners, partners, officers and designated representatives must complete and submit this form along with their application.**	☐
✓	✓	✓	DBA Document. If adding a DBA, document must be included with application.	☐
✓	✓		Adult BTW Contract.	☐
✓	✓		Adult BTW Instruction Record.	☐
✓	✓		Adult Segment 1 Contract. Not required for adult only classification.	☐
✓	✓		Adult Segment 2 Contract. Not required for adult only classification.	☐
	✓		Teen Segment 1 Contract.	☐
	✓		Teen Segment 1 Attendance Record.	☐
	✓		Teen BTW Instruction Record.	☐
	✓		Teen BTW Final Road Skills Evaluation.	☐
	✓		Teen Segment 1 Driving Skills Report Card.	☐
	✓		Teen Segment 1 Lesson Plans.	☐

Driver Education Provider

PROVIDER CERTIFICATION APPLICATION

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

Michigan Department of State
DES-P01 4/19/2019

	✓		Teen Segment 2 Contract.	☐
	✓		Teen Segment 2 Attendance Record.	☐
	✓		Teen Segment 2 Lesson Plans.	☐
	✓		Range BTW Lesson Plans, Pictures, and Diagram. Optional for teen classification.	☐
		✓	Truck Contract. Must include BTW and classroom if offered.	☐
		✓	Truck BTW Instruction Record.	☐
		✓	Truck Attendance Record. If classroom instruction is offered.	☐

A	T	TR	DRIVING RECORD REQUIREMENTS	✓
			All owners, partners, principal officers and designated representatives for a provider must possess a driving record that is consistent with requirements established in the Driver Education Provider and Instructor Act [Act PA 384 of 2006]. Some of the requirements include the following (Refer to 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; OR	☐
✓	✓	✓	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.	☐

A	T	TR	CRIMINAL HISTORY REQUIREMENTS	✓
			The Secretary of State shall automatically deny an original or renewal application for a driver education provider, and shall automatically revoke a provider certificate without the necessity for notice and an opportunity for a hearing, if a criminal history check for any owner, partner, principal officer or designated representative indicates a conviction of a violation or attempted violation of any of the following:	
✓	✓	✓	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.	☐
✓	✓	✓	A felony involving a criminal assault or battery on an individual.	☐
✓	✓	✓	A crime involving felonious assault on a child, child abuse in the first degree, cruelty, torture, or indecent exposure involving a child.	☐
✓	✓	✓	A felony involving the manufacture, distribution, or dispensing of a controlled substance or possession with intent to manufacture, distribute, or dispense a controlled substance.	☐
✓	✓	✓	A felony conviction involving fraud as an element of the crime.	☐
✓	✓	✓	A denial or revocation imposed under this section shall continue for not less than 10 years from the date of the conviction.	☐

Driver Education Provider

PROVIDER CERTIFICATION APPLICATION

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

Michigan Department of State
DES-P01 4/19/2019

Clear Form

PROVIDER CERTIFICATION FORM

PART A – CLASSIFICATION (S) Check all that apply.

Adult	☐ Original	$225.00	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.	
	☐ Reapply	$225.00	Previous Provider Number	P00 ___ ___ ___ ___
Teen	☐ Original	$225.00	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.	
	☐ Reapply	$225.00	Previous Provider Number	P00 ___ ___ ___ ___
Truck	☐ Original	$360.00	Instruction that is provided to operate a commercial motor vehicle.	
	☐ Reapply	$360.00	Previous Provider Number	P00 ___ ___ ___ ___
Range	# of Ranges:	$125.00/ Range added	Part of a TEEN driver education course that enables the driver education instructor to teach and supervise several students simultaneously, each of whom is operating a vehicle at an off-street facility specifically designed for that type of instruction. *There is no fee for a Truck Training Facility (range); do not check box or submit fee.*	
TOTAL DUE =	$		Check or money order made payable to the "State of Michigan".	

PART B – BUSINESS INFORMATION Select Business Physical Address Type: ☐ Residential ☐ Commercial

SELECT BUSINESS ENTITY TYPE	☐ Sole Proprietorship	☐ General / Co-partnership FEIN#	☐ Limited / Limited Liability Partnerships EIN#
☐ LLC ID #	☐ Corporation ID #	☐ Governmental Agency FEIN#	☐ Educational Institution FEIN#

Provider Business Name	Operational Days	Operational Hours
Business Physical Address (Street, City, Zip Code, and County)		
Business Mailing Address – Must be in the same county of the business address. (Street, City, Zip Code)		
DBA Name (optional) / Expiration Date	Business Phone #	Business Fax #
Business Website	Business Email Address	

PART C – ZONING and MUNICIPAL APPROVAL (Exempt: Educational Institutions and Governmental Agencies.)

☐ Business physical location is APPROVED for use as an established office location to conduct a driver education provider business.

☐ Business physical location is NOT APPROVED for use as an established office location to conduct a driver education provider business.

- I hereby certify that the ADDRESS listed above has been inspected, if required by ordinance or procedures, and is either approved or not approved by the zoning or municipal authority as indicated here.

Signature of Zoning/Municipal Authority	Phone Number	Approval Date:
Printed Name of Zoning/Municipal Authority	Jurisdiction (City, Township, etc.)	

Michigan Department of State

DES-P01 Provider Certification Application

Driver Education Provider

PROVIDER CERTIFICATION APPLICATION

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

Michigan Department of State
DES-P01 4/19/2019

PART D – BUSINESS INTEREST TYPE (Section does not apply to educational institutions or governmental agencies.)

1. Select Type: ☐ Owner ☐ Partner ☐ Officer ☐ Director
First Name | Middle | Last | Suffix | Date of Birth
Home Address | City | State | Zip
Driver License Number | State Issued | Email Address | Phone Number ( )

2. Select Type: ☐ Owner ☐ Partner ☐ Officer ☐ Director
First Name | Middle | Last | Suffix | Date of Birth
Home Address | City | State | Zip
Driver License Number | State Issued | Email Address | Phone Number ( )

3. Select Type: ☐ Owner ☐ Partner ☐ Officer ☐ Director
First Name | Middle | Last | Suffix | Date of Birth
Home Address | City | State | Zip
Driver License Number | State Issued | Email Address | Phone Number ( )

4. Select Type: ☐ Owner ☐ Partner ☐ Officer ☐ Director
First Name | Middle | Last | Suffix | Date of Birth
Home Address | City | State | Zip
Driver License Number | State Issued | Email Address | Phone Number ( )

PART E – DESIGNATED REPRESENTATIVE (Must list at least **ONE** Designated Representative however **TWO** is the limit.)

1. First Name | Middle | Last | Suffix | Date of Birth
Home Address | City | State | Zip
Driver License Number | State Issued | Email Address | Phone Number ( )

2. First Name | Middle | Last | Suffix | Date of Birth
Home Address | City | State | Zip
Driver License Number | State Issued | Email Address | Phone Number ( )

Driver Education Provider

PROVIDER CERTIFICATION APPLICATION

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

Michigan Department of State
DES-P01 4/19/2019

PART F – STATEMENTS

1F. Has the applicant or any partner, employee, officer, director or its designated representative(s) ever applied for a driver education provider certificate in Michigan or any other state? ☐ Yes ☐ No
If YES, what state and was the certificate: State: In Good Standing ☐ Denied ☐ Suspended ☐ Revoked ☐

2F. Has the applicant or any partner, employee, officer, director or its designated representative(s) have any civil actions now or pending against this business or any member, directly or indirectly involved in this business? ☐ Yes ☐ No
If YES, what state and/or jurisdiction and explain on a separate sheet of paper.

3F. Will the applicant be using a multiple vehicle driving facility (range) in a driver education course (applies to teen programs only)?
☐ Yes Number of ranges: _____ ☐ No
If YES, complete and submit the proper items listed in the "Instruction Guide" and include the additional approval fee of **$125.00** per range with this application.

Street Address of Range | City | Zip
Building Name *(or a building in close proximity to the range)* | County

PART G – TRAINING VEHICLE (List the VIN numbers for all motor vehicles that will be used as a driver education vehicle by this applicant.)

1.	3.	5.	7.
2.	4.	6.	8.

PART H – INSTRUCTOR EMPLOYMENT (List all instructors that will be employed by this applicant.)

Name of Instructor (as indicated on certificate)	Instructor Certificate #	Date of Employment
1.		
2.		
3.		
4.		
5.		

PART I – EXAM ACCESS USER (Applicable to Teen Driver Education Providers only.)

1. First Name | Middle | Last | Suffix | Employment Title
2. First Name | Middle | Last | Suffix | Employment Title

Driver Education Provider

PROVIDER CERTIFICATION APPLICATION

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

Michigan Department of State
DES-P01 4/19/2019

PART J – 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 | Date Signed

PART K – CERTIFICATION (Each Owner, Partner, Officer, Director, and Designated Representative listed in Parts D and E must sign below.)

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

- I/we hereby grant the licensing authority in any state or jurisdiction listed in this application authority to release information concerning any previous certificate (license) applications, certificate (license) history, and disciplinary actions or sanctions to the Department of State.
- I/we hereby affirm to have read the most current Driver Education Provider Manual (includes Act 384 of 2006) and the Driver Education Curriculum Guide and understand all requirements within.
- I/we hereby affirm to provide other information and documents as prescribed by the Secretary of State necessary to determine whether the applicant meets the requirements of this act (2006 PA 384).
- I/we hereby certify that the persons named in this application are not acting as the alter ego, in the place of, or on behalf of, any other person or persons in seeking this certificate.
- I/we hereby affirm that the established office location meets all applicable zoning and municipality requirements.
- I/we authorize the Department of State to receive and review the criminal history of the individuals listed in Parts D and E obtained from the Michigan State Police and the FBI.
- 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/we certify that the statements and information contained in this application are true to the best of my/our knowledge and belief.

1. Printed Name of Applicant | Title
Signature of Applicant | Date Signed
2. Printed Name of Applicant | Title
Signature of Applicant | Date Signed
3. Printed Name of Applicant | Title
Signature of Applicant | Date Signed
4. Printed Name of Applicant | Title
Signature of Applicant | Date Signed

NOTICE: A person who engages or offers to engage in activity as a driver education provider before 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 $2,000.00, or both (activities include advertisements).

Michigan Department of State

DES-P02 Provider Signature Certification

Driver Education Provider

PROVIDER E-SERVICES CERTIFICATION

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

Michigan Department of State
DES-P02 03/2020

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.

☐ Original	Complete Parts A, B, C, D, and E. When prompted, upload this form in lieu of DES-P01 Provider Certification Application.
☐ Reapply	Complete Parts A, B, C, D, and E. When prompted, upload this form in lieu of DES-P01 Provider Certification Application.
☐ Renewal	Complete Parts A, B, D, and E. **Part C must be completed** if your business address changed. When prompted, upload this form in lieu of DES-P07 Provider Renewal Application.

PART B – PROVIDER / APPLICANT INFORMATION

Business Name of Provider / Applicant	Previous / Current Provider Number

PART C – ZONING and MUNICIPAL APPROVAL

Business Office Address	City	County

☐ Location is **APPROVED** for use as an established office location to conduct a driver education provider business.

☐ Location is **NOT APPROVED** for use as an established office location to conduct a driver education provider business.

- I hereby certify that the ADDRESS listed above has been inspected if required by ordinance or procedures and is either approved or not approved by the zoning or municipal authority as indicated below.

Signature of Zoning/Municipal Authority	Phone Number	Approval Date:

Printed Name of Zoning/Municipal Authority	Jurisdiction (City, Township, etc.)

PART D – STIPULATION One business interest type (Owner, Partner, Officer, Director, or Designated Representative) listed within your application must sign the

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	Date Signed

PART E – CERTIFICATION Each Owner, Partner, Officer, Director, and Designated Representative listed within your application must sign the CERTIFICATION below.

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

- I/we hereby grant the licensing authority in any state or jurisdiction listed in this application authority to release information concerning any previous certificate (license) applications, certificate (license) history, and disciplinary actions or sanctions to the Department of State.
- I/we hereby affirm to have read the most current Driver Education Provider Manual (includes Act 384 of 2006) and the Driver Education Curriculum Guide and understand all requirements within.
- I/we hereby affirm to provide other information and documents as prescribed by the Secretary of State necessary to determine whether the applicant meets the requirements of this act (2006 PA 384).
- I/we hereby certify that the persons named in this application are not acting as the alter ego, in the place of, or on behalf of, any other person or persons in seeking this certificate.
- I/we hereby affirm that the established business office location meets all applicable zoning and municipality requirements.
- I/we authorize the Department of State to receive and review the criminal history records of individuals within the application obtained from the Michigan State Police and the FBI.
- 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/we certify that the statements and information contained in this application are true to the best of my/our knowledge and belief.

1.	Printed Name – Provider's Authorized Official or Applicant	Title
	Signature of – Provider's Authorized Official or Applicant	Date Signed
2.	Printed Name – Provider's Authorized Official or Applicant	Title
	Signature of – Provider's Authorized Official or Applicant	Date Signed

DES-P03 Surety Bond

Driver Education Provider

SURETY BOND

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

Michigan Department of State
DES-P03 10/2019

Clear Form

PART A – SURETY BOND INFORMATION

TOTAL PENAL SUM AMOUNT $_____ EFFECTIVE DATE: _____ SURETY BOND NO. _____

Determine the amount required and enter in TOTAL PENAL SUM AMOUNT above.

Teen/Adult Classifications with:
- ☐ 999 or fewer students (calendar year) - **$20,000**
- ☐ 1000 or more students (calendar year) - **$40,000**

Teen/Adult & Truck Classifications with:
- ☐ 999 or fewer students (calendar year) - **$70,000**
- ☐ 1000 or more students (calendar year) - **$90,000**

☐ Truck Classification only - **$50,000**

PART B – PRINCIPAL (Provider)

Full Name of Principal *(Provider's legal business name)*			Provider's Certificate Number
Business Address	City	State	Zip

PART C – SURETY COMPANY

Full Name of Surety Company			
Street Address	City	State	Zip

KNOW ALL PERSONS BY THESE PRESENTS that:

The Surety identified in Part C, as authorized by law to become surety on bonds in the State of Michigan, and the Principal identified in Part B are held and firmly bound unto the State of Michigan and unto the protection of contractual rights of students in the conduct of giving instruction for hire in the driving of motor vehicles by the named Principal in the total penal sum stated in Part A, to which payment the Principal and Surety do jointly and severally bind themselves, their heirs, executors, administrators, successors and assigns, and each and every one of them, firmly by these presents.

The Principal is applying to the Michigan Department of State to be certified as a driver education provider under Section 9 of Act 384 of the Public Acts of 2006 or is presently certified. The Principal is required by Section 9 of Act 384 of the Public Acts of 2006 to submit a properly executed surety bond, conditioned as set forth below, with said application for a driver education provider certificate and to maintain that bond until the certificate is expired, revoked, or surrendered.

THE CONDITIONS OF THIS OBLIGATION

The condition of this obligation is such that the Principal and Surety shall indemnify or reimburse any student, financing agency, or governmental agency for monetary loss caused through fraud, cheating, or misrepresentation in the conduct of the driver education provider's business where the fraud, cheating, or misrepresentation was made by the provider or by an employee, agent, instructor, or salesperson of the provider, and for the protection of students' contractual rights. It is further understood and agreed that coverage is provided and extended without notification to the Surety for any change of officers if the Principal is a corporation, for any additional location or changes of address within the State of Michigan for which the certificate is issued, or for any substitution of business name wherein ownership is not changed. Provided further, that the aggregate liability of the Surety for all such reimbursements of any students for the protection for their contractual rights shall, in no event exceed the sum of this bond. The Surety shall notify the Michigan Department of State of any payment of claim under this bond.

COVERAGE shall be effective as stated in Part A as of 12:01 A.M. and shall remain in effect continuously, provided, however, that the **Surety may cancel the bond upon giving 30 days written or electronic notice to the Driver Education Section of the Michigan Department of State** and thereafter shall be relieved of liability for any breach of condition occurring after the effective date of cancellation.

A current Power of Attorney for the Surety's Attorney-in-Fact must be attached to this bond. ALL signatures are required.

Printed Name and Title of Principal's Authorized Official	Signature of Principal's Authorized Official
Printed Name of Witness to Principal Signature	Signature of Witness to Principal
Printed Name of Attorney-In-Fact	Signature of Attorney-In-Fact
Printed Name of Witness to Attorney-In-Fact	Signature of Witness to Attorney-In-Fact

IN WITNESS WHEREOF, the Principal and Surety have signed and sealed this instrument on

DAY: | **MONTH:** | **YEAR:**

SURETY SEAL MUST BE AFFIXED

DES – ACORD Certificate of Liability Insurance

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/13/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
ABC INSURANCE COMPANY 123
MAIN STREET
ANYTOWN, ANYSTATE

CONTACT NAME: ABC INSURANCE COMPANY 123
PHONE (A/C, No, Ext): 888-555-1234
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: ABC Fire and Casualty Company	99999
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
RIGHT, JERRY
DBA DOING RIGHT DRIVING SCHOOL
3141 EAST TOWN STREET, SUITE 108
ANYTOWN, MICHIGAN 47637

COVERAGES: CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE / OCCUR X						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
				99-C9-G999-9	06/09/2017	06/09/2018	MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO			99-9999	06/09/2017	12/09/2017	BODILY INJURY (Per person)	$ 100,000
	X OWNED AUTOS ONLY / X SCHEDULED AUTOS			99-9999	06/09/2017	12/09/2017	BODILY INJURY (Per accident)	$ 300,000
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY			99-9999	06/09/2017	12/09/2017	PROPERTY DAMAGE (Per accident)	$ 50,000
								$
	X UMBRELLA LIAB / X OCCUR			99-BP-L999-9	06/09/2017	06/09/2018	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$ 2,000,000
	DED / RETENTION $ 10000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

DBA DOING IT RIGHT DRIVING SCHOOL
2016 BMW
Vin: 9G9WP99K9F999999

CERTIFICATE HOLDER
MICHIGAN DEPARTMENT OF STATE
DRIVER EDUCATION SECTION
430 WEST ALLEGAN
LANSING ,MICHIGAN 48918

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

SAMPLE

Michigan Departi

DES – Live Scan Fingerprint Background Check Request

RI-030 (01/2019)
Michigan State Police
Page 1 of 2

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

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 SUBMITT 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 and, 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:

Michigan Departi

Step 7: Click on “Truck Classification” to review some helpful templates available for truck contracts and records.

Driver Education

- Provider
- Instructor
- Resources
- Laws & Requirements

Provider Certification Process

- Provider Certification Process
- Provider Certification Application
- Adult Classification
- Teen Classification
- Truck Classification

Truck Contract Checklist

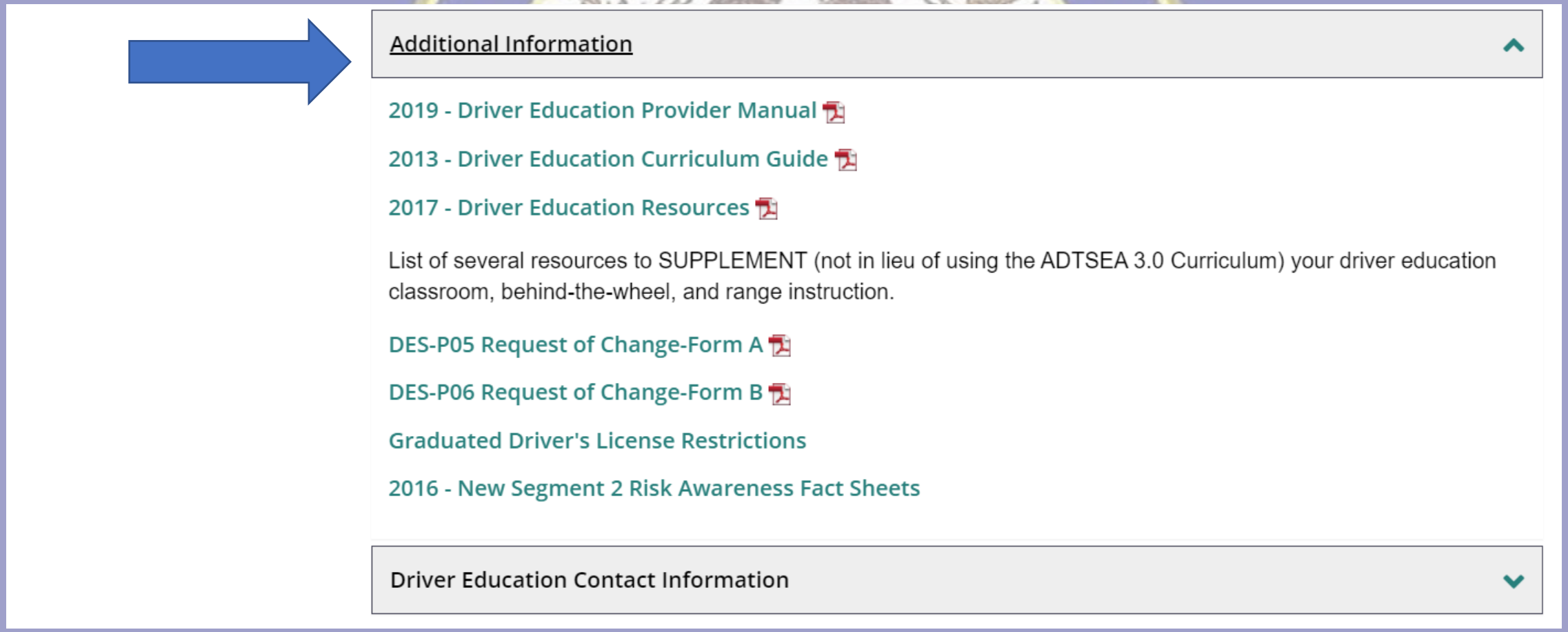
Truck Contract

Truck Attendance Record

Truck BTW Instruction Record

Michigan Department of State

Step 8: Click “Additional Information” for more resource materials such as Manuals, Guides, and Fact Sheets.



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.