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

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

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

The Office of
Secretary of State Jocelyn Benson


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

HOW CAN WE HELP YOU?




ONLINE SERVICES

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




SELF-SERVICE STATIONS

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



OFFICE APPOINTMENTS

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



VOTING & ELECTIONS

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

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

Michigan.gov

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

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

/ DRIVER'S LICENSE AND STATE ID /

YOUR MICHIGAN DRIVER'S LICENSE	STATE IDENTIFICATION CARD	DRIVER EDUCATION
TEEN DRIVER	AGING DRIVER	REAL ID
DRIVER TESTING BUSINESSES	MOTORCYCLE RIDER	LOSING YOUR PRO DRIVER
BASIC DRIVER IMPROVEMENT COURSE	MICHIGAN RESIDENTS OUT-OF-STATE	VETERAN DESIGNATION
EMERGENCY MEDICAL CARD	PUBLICATIONS AND FORMS	MAKE APPOINTMENT

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

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

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

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

Step 3: Click on “Provider”

Michigan.gov

SOS HOME | FAQs | ONLINE SERVICES | CONTACT THE SECRETARY OF STATE | SEARCH


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


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

PROVIDER | INSTRUCTOR | RESOURCES


LAWS & REQUIREMENTS

 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 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 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



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**.

Apply Through The Mail Or Online!

 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	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		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.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>		Submit a \$368.00 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.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>		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.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> DES-P01 Provider Certification Application. Only submit the Provider Certification Form found on pages 3 – 5 within this document.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> DES-P02 Provider Signature Certification. If applying through CARs e-Services, use this document in lieu of DES-P01 Provider Certification Application.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> DES-P03 Surety Bond. EXEMPT: Educational Institutions and Governmental Agencies.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> DES-P04 Classroom Request.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Vehicle Insurance ACORD Certificate of Liability.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> RI-630 Live Scan Fingerprint. ALL owners, partners, officers and designated representatives must complete and submit this form along with their application.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> DBA Document. If adding a DBA, document must be included with application.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Adult BTW Contract.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Adult BTW Instruction Record.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Adult Segment 1 Contract. Not required for adult only classification.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Adult Segment 2 Contract. Not required for adult only classification.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Teen Segment 1 Contract.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Teen Segment 1 Attendance Record.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Teen BTW Instruction Record.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Teen BTW Final Road Skills Evaluation.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Teen Segment 1 Driving Skills Report Card.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Teen Segment 1 Lesson Plans.	<input type="checkbox"/>

Page 1 of 6

 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	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		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.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>		Submit a \$368.00 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.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>		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.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> DES-P01 Provider Certification Application. Only submit the Provider Certification Form found on pages 3 – 5 within this document.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> DES-P02 Provider Signature Certification. If applying through CARs e-Services, use this document in lieu of DES-P01 Provider Certification Application.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> DES-P03 Surety Bond. EXEMPT: Educational Institutions and Governmental Agencies.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> DES-P04 Classroom Request.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Vehicle Insurance ACORD Certificate of Liability.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> RI-630 Live Scan Fingerprint. ALL owners, partners, officers and designated representatives must complete and submit this form along with their application.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> DBA Document. If adding a DBA, document must be included with application.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Adult BTW Contract.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Adult BTW Instruction Record.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Adult Segment 1 Contract. Not required for adult only classification.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Adult Segment 2 Contract. Not required for adult only classification.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Teen Segment 1 Contract.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Teen Segment 1 Attendance Record.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Teen BTW Instruction Record.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Teen BTW Final Road Skills Evaluation.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Teen Segment 1 Driving Skills Report Card.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Teen Segment 1 Lesson Plans.	<input type="checkbox"/>

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DES-P01 Provider Certification Application

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			
<input checked="" type="checkbox"/> Required document if applying by mail. <input checked="" type="checkbox"/> Required document if applying through CARS e-Services. <input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		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. <input type="checkbox"/>
	<input checked="" type="checkbox"/>		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. <input type="checkbox"/>
	<input checked="" type="checkbox"/>		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. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DES-P01 Provider Certification Application. Only submit the Provider Certification Form found on pages 3 – 6 within this document. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DES-P02 Provider Signature Certification. If applying through CARS e-Services, use this document in lieu of DES-P01 Provider Certification Application. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DES-P03 Surety Bond. EXEMPT: Educational Institutions and Governmental Agencies. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DES-P04 Classroom Request. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vehicle Insurance ACORD Certificate of Liability. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RI-030 Live Scan Fingerprint. ALL owners, partners, officers and designated representatives must complete and submit this form along with their application. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DBA Document. If adding a DBA, document must be included with application. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adult BTW Contract. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adult BTW Instruction Record. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adult Segment 1 Contract. Not required for adult only classification. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adult Segment 2 Contract. Not required for adult only classification. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Teen Segment 1 Contract. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Teen Segment 1 Attendance Record. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Teen BTW Instruction Record. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Teen BTW Final Road Skills Evaluation. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Teen Segment 1 Driving Skills Report Card. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Teen Segment 1 Lesson Plans. <input type="checkbox"/>

PROVIDER CERTIFICATION FORM			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Teen Segment 2 Contract. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Teen Segment 2 Attendance Record. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Teen Segment 2 Lesson Plans. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Range BTW Lesson Plans, Pictures, and Diagram. Optional for teen classification. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Truck Contract. Must include BTW and classroom if offered. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Truck BTW Instruction Record. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Truck Attendance Record. If classroom instruction is offered. <input type="checkbox"/>
A	T	TR	DRIVING RECORD REQUIREMENTS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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):
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Possesses a valid driver license that has been in continuous effect for not less than 5 years immediately preceding the application. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Has not accumulated 5 or more points under MCL 257.320 within the 2 years preceding application. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Has not received a conviction for transportation or possession of open alcohol container in vehicle within the 2 years preceding application. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Has not received a conviction for careless or negligent driving resulting in a civil infraction within the 2 years preceding application. <input type="checkbox"/>
A	T	TR	CRIMINAL HISTORY REQUIREMENTS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A felony involving a criminal assault or battery on an individual. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A crime involving felonious assault on a child, child abuse in the first degree, cruelty, torture, or indecent exposure involving a child. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A felony involving the manufacture, distribution, or dispensing of a controlled substance or possession with intent to manufacture, distribute, or dispense a controlled substance. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A felony conviction involving fraud as an element of the crime. <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A denial or revocation imposed under this section shall continue for not less than 10 years from the date of the conviction. <input type="checkbox"/>

PROVIDER CERTIFICATION FORM			
PART A – CLASSIFICATION (S) Check all that apply:			
Adult	<input type="checkbox"/> 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.
	<input type="checkbox"/> Reciprocity	\$225.00	Previous Provider Number: P00 _____
Teen	<input type="checkbox"/> 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.
	<input type="checkbox"/> Reciprocity	\$225.00	Previous Provider Number: P00 _____
Truck	<input type="checkbox"/> Original	\$360.00	Instruction that is provided to operate a commercial motor vehicle.
	<input type="checkbox"/> Reciprocity	\$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: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial			
SELECT BUSINESS ENTITY TYPE		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General / Co-partnership <input type="checkbox"/> Limited / Limited Liability Partnerships	
<input type="checkbox"/> LLC ID #		FEN# _____ EIN# _____	
<input type="checkbox"/> Corporation ID #		<input type="checkbox"/> Governmental Agency <input type="checkbox"/> Educational Institution	
FEN# _____		FEN# _____	
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.)			
<input type="checkbox"/> Business physical location is APPROVED for use as an established office location to conduct a driver education provider business.			
<input type="checkbox"/> 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.)	

DES-P01 Provider Certification Application

 Driver Education Provider

PROVIDER CERTIFICATION APPLICATION

Michigan Department of State
DES-P01 4/19/2019
Mail to: Michigan Department of State • Driver Education Section
430 W. Allegan St. • Lansing, MI 48918

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

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 Driver Education Provider

PROVIDER CERTIFICATION APPLICATION

Michigan Department of State
DES-P01 4/19/2019
Mail to: Michigan Department of State • Driver Education Section
430 W. Allegan St. • Lansing, MI 48918

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

2F. If YES, what state and was the certificate State In Good Standing ☐ Denied ☐ Suspended ☐ Revoked ☐

3F. 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

4F. If YES, what state and/or jurisdiction and explain on a separate sheet of paper.

5F. 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.	2.	3.	4.	5.	6.	7.


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

Page 5 of 6

 Driver Education Provider

PROVIDER CERTIFICATION APPLICATION

Michigan Department of State
DES-P01 4/19/2019
Mail to: Michigan Department of State • Driver Education Section
430 W. Allegan St. • Lansing, MI 48918

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 89 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).

Page 6 of 6

Michigan Department of State

DES-P02 Provider Signature Certification

Michigan Department of State



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		
<input type="checkbox"/> Original	Complete Parts A, B, C, D, and E. When prompted, upload this form in lieu of DES-P01 Provider Certification Application.	
<input type="checkbox"/> Reapply	Complete Parts A, B, C, D, and E. When prompted, upload this form in lieu of DES-P01 Provider Certification Application.	
<input type="checkbox"/> 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
<input type="checkbox"/>	Location is APPROVED for use as an established office location to conduct a driver education provider business.	
<input type="checkbox"/>	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.		
<ul style="list-style-type: none">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

Michigan Department



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) - \$80,000

☐ 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

Michigan Department of State



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: 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 BUBBL	IND	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG <input type="checkbox"/> OTHER:				99-CG-9999-9	06/08/2017	06/08/2018	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOF AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY				99-9999 99-9999 99-9999	06/08/2017 06/08/2017 06/08/2017	12/08/2017 12/08/2017 12/08/2017	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 50,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$ 10000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				99-BP-1999-9	06/08/2017	06/08/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in MI) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A				PER STATUTE E.L. EACH ACCIDENT \$ 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: 9G0WP99K9F999999

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

DES – Live Scan Fingerprint Background Check Request

Michigan Department of State Police

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 LDE		2. Requestor/Agency ID 3720E		3. Agency Name Department of State				4. Individual ID (MNU-OA)			
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.											
1a. Last Name				1b. First Name				1c. Middle Initial		1d. Suffix	
2. Any Alternative Names, Last Names, or Aliases								3. Social Security Number (Optional) DO NOT SUBMIT SSN			
4. Place of Birth (State or Country)				5. Date of Birth		6. Phone Number		7. Driver's License / State ID Number		8. Issuing State	
9. Home Address						10. City		11. State		12. ZIP Code	
13. Sex		14. Race		15. Height		16. Weight		17. Eye Color		18. Hair Color	
III. Live Scan Information											
1. Date Printed		2. Picture ID Type Presented				3. Transaction Control Number (TCN)		4. Live Scan Operator*			
*When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.											
IV. Privacy Act Statement											
<p>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.</p> <p>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.</p> <p>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.</p>											
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 26308. 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 § 18.34)											
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:	

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 Application

Adult Classification

Teen Classification

Truck Classification

Truck Contract Checklist

Truck Contract


Truck Attendance Record


Truck BTW Instruction Record


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




Additional Information ^


[2019 - Driver Education Provider Manual](#) 

[2013 - Driver Education Curriculum Guide](#) 

[2017 - Driver Education Resources](#) 

List of several resources to SUPPLEMENT (not in lieu of using the ADTSEA 3.0 Curriculum) your driver education classroom, behind-the-wheel, and range instruction.

[DES-P05 Request of Change-Form A](#) 

[DES-P06 Request of Change-Form B](#) 

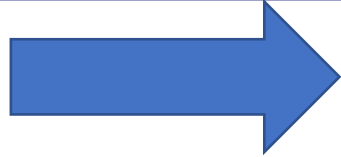
[Graduated Driver's License Restrictions](#)

[2016 - New Segment 2 Risk Awareness Fact Sheets](#)

Driver Education Contact Information v

Michigan Department of State

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.