



PROVIDER CERTIFICATION APPLICATION

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

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. <input checked="" type="checkbox"/> Required for indicated classification.				
MAIL		Michigan Department of State • Driver Education Section • 430 W. Allegan St. 3 rd 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"/>	<input checked="" type="checkbox"/>		Submit a single \$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. <u>Fee is in addition to the \$225.00 Teen/Adult classification fee.</u> 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"/>	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"/>			Adult BTW Contract.	<input type="checkbox"/>
<input checked="" type="checkbox"/>			Adult BTW Instruction Record.	<input 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"/>		Adult Segment 2 Contract. Not required for "adult only" classification.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>		Teen Segment 1 Contract.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>		Teen Segment 1 Attendance Record.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>		Teen BTW Instruction Record.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>		Teen BTW Final Road Skills Evaluation.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>		Teen Segment 1 Driving Skills Report Card.	<input type="checkbox"/>
	<input checked="" type="checkbox"/>		Teen Segment 1 Lesson Plans.	<input type="checkbox"/>



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	✓		Teen Segment 2 Contract.	<input type="checkbox"/>
	✓		Teen Segment 2 Attendance Record.	<input type="checkbox"/>
	✓		Teen Segment 2 Lesson Plans.	<input type="checkbox"/>
	✓		Range BTW Lesson Plans, Pictures, and Diagram. Optional for teen classification.	<input type="checkbox"/>
		✓	Truck Contract. Must include BTW and classroom if offered.	<input type="checkbox"/>
		✓	Truck BTW Instruction Record.	<input type="checkbox"/>
		✓	Truck Attendance Record. If classroom instruction is offered.	<input type="checkbox"/>
A	T	TR	DRIVING RECORD REQUIREMENTS	<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.):

✓	✓	✓	Possesses a valid driver license that has been in continuous effect for not less than 5 years immediately preceding the application.	<input 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 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"/>
✓	✓	✓	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"/>
✓	✓	✓	Has not accumulated 6 or more points under MCL 257.320 within the 2 years preceding application.	<input 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"/>
✓	✓	✓	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"/>
✓	✓	✓	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"/>
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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.	<input type="checkbox"/>
✓	✓	✓	A felony involving a criminal assault or battery on an individual.	<input 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"/>
✓	✓	✓	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"/>
✓	✓	✓	A felony conviction involving fraud as an element of the crime.	<input 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"/>



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PROVIDER CERTIFICATION FORM

PART A – CLASSIFICATION(S) Check all that apply. (*Combination of both the Adult/Teen classification is only a single \$225.00 processing fee)

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"/> Reapply	\$225.00*	Previous Provider Number	P 0 0 0 ____ ____ ____
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"/> Reapply	\$225.00*	Previous Provider Number	P 0 0 0 ____ ____ ____
Truck	<input type="checkbox"/> Original	\$360.00	Instruction that is provided to operate a commercial motor vehicle.	
	<input type="checkbox"/> Reapply	\$360.00	Previous Provider Number	P 0 0 0 ____ ____ ____
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		<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General / Co-partnership FEIN#	<input type="checkbox"/> Limited / Limited Liability Partnerships EIN#
<input type="checkbox"/> LLC ID #	<input type="checkbox"/> Corporation ID #	<input type="checkbox"/> Governmental Agency FEIN#	<input type="checkbox"/> 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.)

<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.		
<input type="checkbox"/> 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.)	



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PART D – BUSINESS INTEREST TYPE (OWNERS) - does not apply to Educational Institutions or Governmental Agencies, complete Part E instead.

1.	Select Type:	<input type="checkbox"/> Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> 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:	<input type="checkbox"/> Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> 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:	<input type="checkbox"/> Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> 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:	<input type="checkbox"/> Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> 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 (At least ONE Designated Representative is required, 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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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 training vehicles 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.)

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

PART I – EXAM ACCESS USER (Applicable to Teen Driver Education Providers only - access to written test questions for Segment 1 and 2 courses.)

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



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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 (PA 384 of 2006).

Signature of Applicant	Date Signed
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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, understand, and will comply with the compliance procedures as prescribed by the Secretary of State's most current Driver Education Provider Manual authorized under PA 384 of 2006, as amended.
- I/we hereby affirm to comply with the Driver Education Curriculum Guide as administered and/or approved by the Secretary of State, 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 (PA 384 of 2006).
- 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 to ensure that students and their parents/guardians will be treated with dignity and respect, including promoting the health, safety and well-being of students by establishing and maintaining appropriate verbal, physical, emotional, and social boundaries.
- 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).