



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

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



# INSTRUCTOR ORIGINAL APPLICATION

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

| PART A – CLASSIFICATION (S) Check all that apply.          |                                      |  |         |
|--|--------------------------------------|--|---------|
| Adult  | <input type="checkbox"/> Conditional | Instruction that is provided to a person 18-years of age or older in the operation of a motor vehicle, other than a commercial motor vehicle.  |         |
|  | <input type="checkbox"/> Reapply     | Previous Instructor Number   | N _____ |
| Teen   | <input type="checkbox"/> Conditional | Driver training instruction provided through a segment 1 or segment 2 driver education course that allows a person 17-years of age or less to apply for a level 1 or level 2 graduated driver license. |         |
|  | <input type="checkbox"/> Reapply     | Previous Instructor Number   | N _____ |
| Truck  | <input type="checkbox"/> Original    | Instruction that is provided to operate a commercial motor vehicle.  |         |
|  | <input type="checkbox"/> Reapply     | Previous Instructor Number   | N _____ |
| CDL: Group _____ Endorsement(s) _____ Restriction(s) _____ |                                      |  |         |

|             |  |
|-------------|--|
| TOTAL DUE = | \$45.00 (Check or money order made payable to the "State of Michigan") |
|-------------|--|

| PART B – APPLICANT INFORMATION  |  |              |               |
|---|--|--------------|---------------|
| I prefer to be addressed as: <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. |  |              |               |
| First Name  | Middle Name                                  | Last Name    | Suffix        |
| Home Address (Street, City, State, Zip Code, and County)  |  |              |               |
| Mailing Address (If different from above home address) (Street, City, State, Zip Code, and County)                    |  |              |               |
| Date of Birth   | Driver License Number and State of Licensure | Phone Number | Email Address |

| PART C – REQUIRED STATEMENT  |  |
|--|--|
| Has the applicant ever applied for a driver education instructor certificate in Michigan or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No      |  |
| If YES, was the certificate: In Good Standing <input type="checkbox"/> Denied <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> |  |

| PART D – STIPULATION   |                        |             |
|--|------------------------|-------------|
| The applicant agrees that legal process affecting the applicant, served on the secretary of state against the applicant or the applicant's successor in interest for a violation of this act, a rule promulgated under this act, or an order issued under this act, has the same effect as if personally served on the applicant. This appointment remains in force as long as the applicant has any outstanding liability within this state under this act (2006 PA 384). |                        |             |
| Printed Name of Applicant  | Signature of Applicant | Date Signed |

| PART E – CERTIFICATION  |                        |             |
|---|------------------------|-------------|
| <b>Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.</b>   |                        |             |
| <ul style="list-style-type: none"> <li>I, hereby grant the licensing authority in any state or jurisdiction permission, to release information concerning any previous certification (license) applications, certification (license) history, and disciplinary actions or sanctions to the Department of State.</li> <li>I hereby certify that I do not have a pending criminal matter or an outstanding arrest, warrant, or conviction since submitting a request for my criminal history check under Section 29.</li> <li>I authorize the Department of State to receive and review my criminal history obtained from the Michigan State Police and the FBI. I understand that the cost of the criminal history check is my responsibility.</li> <li>I hereby certify that if I have a driver license issued by a state other than Michigan, I agree to submit a certified copy of my driving record to the Department of State every 60 days.</li> <li>I hereby affirm that I understand the Professional Development requirements prescribed by the Secretary of State for an instructor and will complete an approved course during the two years between the date the original certification was issued and the expiration date, and then each two-year renewal cycle thereafter.</li> <li>I hereby affirm that if I am applying for an Instructor Conditional Certificate, I WILL NOT participate in a practicum (student teach) before I receive my Instructor Conditional Certificate.</li> <li>With knowledge of the penalties for false statements under, but not limited to, Section 69 of the Driver Education Provider and Instructor Act [MCL 256.689, PA 384 of 2006], I hereby certify that the statements and information contained in this application are true to the best of my knowledge and belief.</li> </ul> |                        |             |
| Printed Name of Applicant   | Signature of Applicant | Date Signed |



# INSTRUCTOR E-SERVICES CERTIFICATION

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

| PART A – APPLICATION TYPE   |                                | Indicate what type of application you are applying for through CARS e-Services.     |                                       |
|---|--------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Conditional  | Teen / Adult Classification(s) | When prompted, upload this form in lieu of DES-N01 Instructor Original Application. |                                       |
| <input type="checkbox"/> Reapply  | Any Classification(s)          | When prompted, upload this form in lieu of DES-N01 Instructor Original Application. | Previous Instructor Number<br>N _____ |
| <input type="checkbox"/> Renewal  | Any Classification(s)          | When prompted, upload this form in lieu of DES-N07 Instructor Renewal Application.  | Instructor Number<br>N _____          |
| <input type="checkbox"/> Original   | Truck Classification           | When prompted, upload this form in lieu of DES-N01 Instructor Original Application. |                                       |
| CDL Certification: Group _____ Endorsement(s) _____ Restriction(s) _____  |                                |   |                                       |
| PART B – APPLICANT / INSTRUCTOR INFORMATION   |                                |   |                                       |
| First Name of Applicant / Instructor  |                                | Middle  | Last Suffix                           |
| PART C – STIPULATION  |                                |   |                                       |
| The applicant agrees that legal process affecting the applicant, served on the secretary of state against the applicant or the applicant's successor in interest for a violation of this act, a rule promulgated under this act, or an order issued under this act, has the same effect as if personally served on the applicant. This appointment remains in force as long as the applicant has any outstanding liability within this state under this act (2006 PA 384).  |                                |   |                                       |
| Signature of Applicant / Instructor   |                                | Date Signed   |                                       |
| PART D – CERTIFICATION  |                                |   |                                       |
| <p>Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.</p> <ul style="list-style-type: none"> <li>I hereby grant the licensing authority in any state or jurisdiction permission to release information concerning any previous certification (license) applications, certification (license) history, and disciplinary actions or sanctions to the Department of State.</li> <li>I hereby certify that I do not have a pending criminal matter or an outstanding arrest, warrant, or conviction since submitting a request for my criminal history check under section 29.</li> <li>I authorize the Department of State to receive and review my criminal history obtained from the Michigan State Police and the FBI. I understand that the cost of the criminal history check is my responsibility.</li> <li>I hereby certify that if I have a driver license issued by a state other than Michigan, I agree to submit a certified copy of my driving record to the Department of State every 60 days.</li> <li>I hereby affirm that I understand the Professional Development requirements prescribed by the Secretary of State for an instructor and will complete an approved course during the two years between the date the original certification was issued and the expiration date, and then each two-year renewal cycle thereafter.</li> <li>With knowledge of the penalties for false statements under, but not limited to, Section 69 of the Driver Education Provider and Instructor Act [MCL 256.689, PA 384 of 2006], I hereby certify that the statements and information contained in this application are true to the best of my knowledge and belief.</li> <li>I hereby affirm that if I am applying for an Instructor Conditional Certificate, I WILL NOT participate in a practicum (student teach) before I receive my Instructor Conditional Certificate.</li> </ul> |                                |   |                                       |
| Signature of Applicant / Instructor   |                                | Date Signed   |                                       |



# MEDICAL EXAMINATION REPORT

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

| PART A – RELEASE OF INFORMATION   |                                 | Application for: <input type="checkbox"/> Driver Education Instructor <input type="checkbox"/> Driving Skills Examiner |             |
|---|---------------------------------|--|-------------|
| Name of Applicant (Last, First, Middle)   | Instructor's Certificate Number | Date of Birth  |             |
| Street Address  | City                            | State  | Zip Code    |
| I hereby authorize and request that information regarding my medical condition be released to the Michigan Department of State and understand that the information provided may be used to request an assessment of my driving privilege. |                                 |  |             |
| Signature of Applicant  |                                 |  | Date Signed |

## INSTRUCTIONS FOR PHYSICIAN

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

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

| PART B – HEALTH QUESTIONS  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Does patient have difficulty recognizing the colors of red, green, and amber used in traffic signal lights and devices?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is patient's side (peripheral) vision less than 70° for either eye?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does patient have an acuity impairment in either eye that is not correctable to visual acuity of 20/40 or better?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does patient: a. Have a missing foot, leg, hand, finger or arm?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have any impairment of a foot, leg, hand, finger or arm or any other limitation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has patient had a heart attack, angina, coronary insufficiency, thrombosis, stroke, other heart problem, or cardiovascular disease?     | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "yes", has patient had labored breathing, fainting, collapse, congestive heart failure, or other symptoms in the last two (2) years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has patient been diagnosed with a respiratory condition, such as emphysema, chronic asthma, or tuberculosis?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "yes", is patient's respiratory condition likely to interfere with patient's ability to drive a motor vehicle safely?                | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has patient been diagnosed with high blood pressure of 140/90 or higher?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has patient ever been diagnosed with rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "yes", is the condition likely to interfere with patient's ability to drive a motor vehicle safely?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has patient been diagnosed with epilepsy or any other condition that may cause lapse of consciousness or loss of control?               | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "yes", has there been a lapse of consciousness or loss of control in the last two (2) years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does patient use a controlled substance, amphetamine, narcotic, or any other habit-forming drug or a history of alcoholism?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has patient been diagnosed with any mental, nervous, organic or functional disease, or psychiatric disorder?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "yes", is the condition likely to interfere with patient's ability to drive a motor vehicle safely?                                  | <input type="checkbox"/> | <input type="checkbox"/> |

## PART C – MEDICAL EXAMINER'S CERTIFICATION

To be completed by authorized physician.

- I hereby certify that I am a physician, physician's assistant, or a certified nurse practitioner licensed to practice in this state or in the applicant's state of residence and affirm that I have examined the applicant for any and all physical impairments or conditions that would preclude them from operating a motor vehicle and to train others to operate a motor vehicle in accordance to MCL 256.637 (3)(j) and that the patient:

**Has no** physical impairment or condition that would preclude them from operating a motor vehicle and to train others to operate a motor vehicle in accordance to MCL 256.637 (3)(j).

**Has a** physical impairment or condition that would preclude or limit them from operating a motor vehicle and to train others to operate a motor vehicle [MCL 256.637 (3)(j)].

Preclude the applicant from: **TRAINING OTHERS TO OPERATE A MOTOR VEHICLE** (NO Behind-the-Wheel Instruction).

Limit the applicant to: **TRAIN OTHERS TO OPERATE A MOTOR VEHICLE ONLY DURING THE DAYTIME HOURS.**

|                              |   |
|------------------------------|---|
| Medical Examiner's Name      | Office Phone #                            |
| Office Address               | License Number                            |
| Medical Examiner's Signature | Date Medical Examination Report Completed |

## 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.

| <b>I. Authorizing Information</b>   |                                 |                                       |                |                                       |   |                        |              |
|---|---------------------------------|---------------------------------------|----------------|---------------------------------------|---|------------------------|--------------|
| 1. Fingerprint Reason Code<br>LDE   | 2. Requestor/Agency ID<br>3720E | 3. Agency Name<br>Department of State |                |                                       | 4. Individual ID (MNU-OA)                                 |                        |              |
| <b>II. Applicant Information:</b> 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)<br>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         |              |
| <b>III. Live Scan Information</b>   |                                 |                                       |                |                                       |   |                        |              |
| 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.   |                                 |                                       |                |                                       |   |                        |              |
| <b>IV. Privacy Act Statement</b>  |                                 |                                       |                |                                       |   |                        |              |
| <p><b>Authority:</b> 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><b>Principal Purpose:</b> 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><b>Routine Uses:</b> 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> |                                 |                                       |                |                                       |   |                        |              |
| <b>V. Procedure to Obtain a Change, Correction, or Update of Identification Records</b>   |                                 |                                       |                |                                       |   |                        |              |
| <p>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)</p>   |                                 |                                       |                |                                       |   |                        |              |
| <b>VI. Consent</b>  |                                 |                                       |                |                                       |   |                        |              |
| <p>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.</p>  |                                 |                                       |                |                                       |   |                        |              |
| Signature:  |                                 |                                       |                |                                       |   | Date:                  |              |

## INSTRUCTIONS

### Section I:

#### Authorizing Information:

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

#### 1. Fingerprint Code:

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

#### 2. Requesting Agency Identification (ID):

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

#### 3. Agency Name:

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

#### 4. Individual ID (MNU-OA)

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

### Section II:

#### Applicant Information:

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

### Section III:

#### Live Scan Information:

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