



ACTION WANTED:  Original  Amendment

**TO BE QUALIFIED AS A NEW YORK STATE IMPAIRED DRIVER PROGRAM INSTRUCTOR, YOU MUST:**

- ◆ hold a driver license valid for operation in New York State;
- ◆ have no record of suspension or revocation of the driver license for a period of at least three years prior to instructing in the Impaired Driver Program;
- ◆ not be employed or retained by an alcoholism and substance abuse evaluation/treatment provider where IDP participants are referred; and
- ◆ have at least two years of full-time professional experience as a group counselor, preferably in alcohol or drug abuse counseling, **OR** two years of teaching experience.

Client ID Number  
(ID Number from NYS Driver License)

Date of Birth (Month-Day-Year)

 -  - 

Sex

M

F

Last Name of IDP Instructor Applicant

First Name

Middle  
Initial

Suffix (Jr., Sr., etc.)

Address

Address (Continued)

City

State

Zip Code

-

Driver  
License State

Driver License Expiration Date

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If state of driver license is not New York, the applicant must attach a recent certified driver's license abstract from the state of license record.

I attest to the fact that I meet the IDP Instructor qualifications as listed on this application and that my responses are truthful, under penalty of law.



Signature of Applicant

Date Signed

**OFFICE USE ONLY**

Denied:

- Driver License Record
- Lack of Experience
- Conflict of Interest

Impaired Driver Program Name (Instructor Employer)

Address of IDP Program Site

IDP Address (Continued)

City

State

Zip Code

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Impaired Driver Program Director Last Name

IDP Director First Name

Middle  
Initial

Suffix (Jr., Sr., etc.)



Signature of IDP Director

Date Signed

Complete and mail all application materials to:

New York State Department of Motor Vehicles  
Impaired Driver Program  
6 Empire State Plaza, Room 336  
Albany, NY 12228