



Driving School Name: _____

Address: _____

I certify that _____, whose driver license number is _____
(Print Applicant's Name)

_____ has completed the Driving School Instructor Testing as indicated below:
(Applicant's Driver License Number)

Table with 5 columns: Examination, Date, Result, INITIALS of Instructor Administering Test, Instructor's Certificate Number. Rows include 1st Written, 2nd Written, 1st Road Sign, 2nd Road Sign, and BTW Road Test.

*Only one road test per application per vehicle type.

Submit originals of all test documents along with this form.

X _____ (Signature of Applicant) _____ (Date)

The test(s) were administered in accordance with the rules, regulations, and procedures of the Department of Motor Vehicles by _____, who is employed by the driving school named above. (Print Name of Instructor)

I have reviewed the instructor applicant's driving record and find that the applicant has at least two years of recent licensed experience. If the applicant has an out-of-state license, I have attached a certified abstract of the driver license record.

X _____ (Signature of Self-Certified Instructor) _____ (Date)

X _____ (Signature of School Owner or Authorized Official) _____ (Date)

Telephone Number of School Owner/Authorized Official: () ext. _____

NOTE: Part 76.23(a)(5) of Commissioner Regulations authorizes the Department of Motor Vehicles to suspend or revoke a driving school license for "the failure of the licensee or any partner, officer, agent or employee of the licensee to conduct the prescribed tests for instructor applicants in the manner authorized by this department and/or the failure of the licensee or any partner, officer, agent or employee of the licensee to conduct the 30-hour course to instructor applicants according to the curriculum supplied by this department and/or for the number of hours required by this department and this Part".