

WHAT DO YOU NEED?

Original Instructor's Certificate

Instructor's Certificate Renewal

Additional Certificate

Classroom Endorsement

Change of Vehicle Class Endorsement



Department of Motor Vehicles

APPLICATION FOR DRIVING SCHOOL INSTRUCTOR CERTIFICATE

(Please fill out application completely and print clearly - this will reduce processing delays.)

dmv.ny.gov

FOR OFFICE USE ONLY

Instructor Class _____ Classroom Endorsement

Certificate No. _____

Date Issued: ____ / ____ / ____ Expiration Date: ____ / ____ / ____

Denial No. _____ Date Denied: ____ / ____ / ____

NAME OF PERSON APPLYING FOR A DRIVING SCHOOL INSTRUCTOR CERTIFICATE:

Last Name		First	M.I.	Social Security Number		Date of Birth (Mo./Day/Yr.) / /		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address (Street & No.)				Place of Birth		Driver License ID No.		
City	State	Zip Code	License Class	Expiration Date	Years of Driving Experience			

Which of the following vehicle type(s) will you teach in? Auto Bus Motorcycle Tractor-Trailer Truck

Note: Section 5 of the NYS Tax Law requires the Department of Motor Vehicles to provide Social Security numbers to the NYS Department of Taxation and Finance upon request.

NAME AND ADDRESS OF LICENSED DRIVING SCHOOL SUBMITTING THIS APPLICATION:

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS. QUESTIONS ANSWERED "YES" MUST BE EXPLAINED BELOW OR ON ADDITIONAL PAGE(S).	CHECK ONE	
	YES	NO
1. Have you had one year or more of experience as an in-car driving school instructor? <i>If yes, list the driving school(s) you worked for and how many hours of instruction you provided for each.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Number of hours: _____		
Number of hours: _____		
Number of hours: _____		
2. Within the last three years, have you been convicted of any traffic tickets (but not parking tickets)?	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Have you ever:</u>		
a. been a Point & Insurance Reduction Program instructor? If yes, who did you teach for, and when did you teach?.....	<input type="checkbox"/>	<input type="checkbox"/>

b. been known by any name other than the one shown on this application? If yes, what name?.....	<input type="checkbox"/>	<input type="checkbox"/>

4. Are you presently involved with any charges or court proceedings relating to a DMV matter (including driving school, Private Service Bureau, PIRP, and/or Vehicle Safety)?.....	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: A suspension or revocation or a pending matter in violation of Vehicle and Traffic Law may be due cause for denial of this application.

Applicant Last Name: _____

THE APPLICANT AGREES THAT:

1. If I end my employment with the driving school, I will surrender my instructor’s certificate to the school. *(the school is required to surrender the certificate to the DMV).*
2. The instructor’s certificate will only be used to give driving and/or classroom instruction in the course of my employment with the driving school identified on this application.
3. If I wish to be employed by an additional driving school, I understand that the school must submit an application for an additional instructor’s certificate.
4. If my driver license is suspended or revoked, either temporarily or indefinitely, I understand that my instructor certificate will immediately become void, and I must surrender my certificate to the driving school or DMV.
5. If I lose my certificate, I will report the loss to the local police in order to obtain a police report and have my employer submit a request for a duplicate to DMV.
6. I will carry the instructor’s certificate at all times while giving driving instructions or when I am accompanying a student to a DMV road test.

I affirm that I have read this entire application; that I know its contents and that all answers, statements and all other matters contained in it are true. **I understand that any false statement will result in the revocation of any driving school instructor’s certificate that has been issued to me. NOTE:** It is a criminal offense to knowingly make a false statement or conceal a material fact in this application. To do so will result in the revocation of your instructor certificate. **False statements are punishable under Section 210.45 of the Penal Code.**

Applicant’s Signature **X** _____ Date _____

NAME AND ADDRESS OF LICENSED DRIVING SCHOOL SUBMITTING THIS APPLICATION:

This application must be signed by an authorized official of the driving school. My signature below affirms our intention to employ this instructor to teach for our driving school.

Name of Driving School Official (printed) _____ Title _____

Signature of Driving School Official **X** _____ Date _____

WHAT IS NEEDED: Find the section below that applies to the action you want to take. It lists the documents you must provide with your completed application.

- ✓ **All applicable fees should be made payable to the “Commissioner of Motor Vehicles.”**
Please note that “starter checks” cannot be accepted.
- ✓ **AN ORIGINAL INSTRUCTOR CERTIFICATE**
 - ◆ A \$10 check or money order payable to the Commissioner of Motor Vehicles - Fee is non-refundable.
 - ◆ A photograph no more than 30 days old
 - ◆ A copy of the applicant’s high school diploma or General Educational Development (GED) -
◇ **NOTE:** Foreign documents must be translated by a Civil Service approved organization.
- ✓ **A RENEWAL INSTRUCTOR CERTIFICATE**
 - ◆ Send a **\$20** check or money order payable to the Commissioner of Motor Vehicles*.
 - ◆ One photograph no more than 30 days old
 - ◆ Send proof of completion of the 30-Hour Basic Course for the preparation of professional driving school instruction .
(THE 30-HOUR BASIC COURSE MUST BE COMPLETED WITHIN A YEAR FROM THE DATE THE ORIGINAL INSTRUCTOR CERTIFICATE IS/WAS ISSUED).
 - * **NOTE - if your driver license is NOT issued by New York State, or if you haven’t completed the 30-Hour Basic Course, you can only renew your certificate for one year. You must send a check/money order for \$10 (one year renewal). If you are not licensed by New York State, you must include an official abstract of your driver license record.**
- ✓ **CLASSROOM ENDORSED INSTRUCTOR CERTIFICATE**
 - ◆ Send a copy of the required 30-Hour Basic Course completion certificate.
 - ◆ Send proof of completing an approved advanced program in Teaching Techniques and Methodology.
(ONE YEAR OF BEHIND-THE-WHEEL INSTRUCTION WILL ALSO BE NECESSARY FOR CLASSROOM ENDORSEMENT)

*ATTACH
PHOTO*

Photograph must have been taken within past 30 days and should be 1 7/8” wide x 2” long, and must be a true likeness showing only the shoulders, neck and uncovered head.

Mail completed applications to: NYS Department of Motor Vehicles, Bureau of Driver Training Programs, 6 ESP, Room 327, Albany NY 12228.