



DRIVER TRAINING INSTRUCTOR LICENSE APPLICATION

*The application must be **TYPED** or will not be accepted.*

APPLICANT SOCIAL SECURITY #		See Page 2 for instructions and mailing address. Incomplete applications will be returned. Complete all boxes and questions. If there is no information to be provided, write "none" or "N/A". Some items can be found on your Driver License, check front and back for details. Use this form for Original and renewal applications.						
FIRST NAME			MIDDLE		LAST		SUFFIX	
STREET				CITY		COUNTY		
STATE	ZIP CODE	PHONE		FAX		E-MAIL		
DATE OF BIRTH		SEX	HEIGHT		WEIGHT		HAIR	EYES
DRIVER LICENSE (DL) #		DL CLASS		DL ENDORSE		DL RESTR		
Year you received your first driver license (class D)?				In what year did you receive your first commercial driver license?				
Are you currently licensed or have you been previously licensed as a Driver Training instructor with the Dept. of Public Safety ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Application for Instructor License Type: (Choose only one type per application.)		<input type="checkbox"/> Instructor for Class D Operators <input type="checkbox"/> Instructor for Class A CDL Operators <input type="checkbox"/> Instructor for Class B CDL Operators <input type="checkbox"/> Restricted Instructor for CDL Operator (classroom only) <input type="checkbox"/> Instructor for an online driver training program				
If "yes," instructor license number (if no, leave LEAVE BLANK if original application):		Instructor License Endorsements :		<input type="checkbox"/> Training Manager (TM) - Course Date ___ / ___ / ____ <input type="checkbox"/> DTI for Persons with Disabilities (DTI-PD)				
Optional: Are you a veteran, current member or a spouse of a member of the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Change of Status:		<input type="checkbox"/> Adding endorsement (mark above) <input type="checkbox"/> Change of license type <input type="checkbox"/> Change of address, convictions, driver license, etc.				
TRAFFIC CITATIONS AND ARRESTS: List all traffic citations, license cancellations, and license suspensions you received in the past ten years. Mark whether or not the citation resulted in your conviction. Attach an additional form if needed. If none, write "None" . Attach current driving abstract.								
DATE	DESCRIBE VIOLATION; give cause for license cancellation or suspension					CONVICTION		
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CRIMINAL ARRESTS: List all criminal arrests, summonses, and citations you have received in the past ten years. Mark whether or not the summons, arrest, or citation resulted in your conviction. Attach an additional form if more lines are needed. If none, write "None" . Attach current criminal report.								
DATE	DESCRIBE CIRCUMSTANCES OF ARREST, summons or citation and laws violated					CONVICTION		
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
DRIVER TRAINING SCHOOL AFFILIATION: List driver training school(s) for which you expect to instruct during the upcoming license year. The authorizing official from one of the schools shall certify this application. Without this certification by way of signature, your application will not be approved.								
CERTIFICATION STATEMENT: I hereby certify I am the authorizing official of a licensed driver training enterprise and I have reviewed this application for its accuracy. I am familiar with this applicant and I attest to the good character of this applicant. I further certify that this applicant is authorized to instruct in the driver training school for which I am an authorizing official.								
DRIVER TRAINING ENTERPRISE / SCHOOL NAME						ENTERPRISE LICENSE #		
SIGNATURE OF OFFICIAL X						DATE		
CERTIFICATION STATEMENT: I hereby certify I am the applicant for a driver training instructor license in accordance with Chapter 4501-7 of the Ohio Administrative Code and I fully understand and will adhere to the applicable provisions of the Ohio Revised Code, Chapter 4508, and the Ohio Administrative Code, Chapter 4501-7. I certify the information in this application is true and complete. I understand any falsification of this document may be cause for rejection of this application or revocation of any license issued hereunder. I certify I am in sound physical and mental health; I have no injury nor physical or mental impairment that may affect my ability to manage, train, or drive; and I am not under the influence of or addicted to any drug or medicine that may affect my ability to drive or to effectively and safely instruct students or manage training. I further certify I will continue to instruct only as long as I continue to be physically and mentally capable of safely operating a motor vehicle and instructing students. I certify I have had no criminal convictions within the past ten years that are not listed on this application.								
SIGNATURE OF APPLICANT X						DATE		

APPLICATION INSTRUCTIONS

The most current version of this document available at www.drivertraining.ohio.gov

The applicant for driver training instructor or training manager license shall complete this form. If the applicant meets the qualifications to be a driver training instructor under Chapter 4501-7 of the Ohio Administrative Code, a license will be issued in one of five types: Class D Operator Instructor (Driver Training), Online instructor, CDL Class A Instructor, CDL Class B Instructor, or Restricted CDL Instructor (classroom only). Depending on instructor applicant qualifications, the license may be endorsed with a training manager (TM) and / or an instructor for persons with a disability (PD) endorsement.

You are encouraged to keep a file copy of the entire application and attachments. DPS will abide by the Ohio Public Records Act R.C. 149.43. Social security number will be redacted prior to release to the public.

ORIGINAL APPLICATIONS SHALL INCLUDE (all documents at www.drivertraining.ohio.gov):

1. A complete, accurate, and true application form signed and dated by the applicant and authorizing official. Incomplete or unsigned applications will be returned.
2. A check or money order for \$25 made payable to "Ohio Treasurer of State".
3. A State level check and a Federal level check for the instructor applicant provided by the Bureau of Criminal Identification and Investigation dated not more than 90 days prior to the date the director receives the application.
4. Two photographs of the applicant that measure two by two inches square showing neck, shoulders, full face and uncovered head and taken not more than sixty days prior to the date of the application. Photographs shall have a solid background and be in color. Photographs shall not be permanently attached to any material. Electronic photographs may be accepted. Licenses will be mailed to the school. This rule will be strictly enforced.
5. The instructor applicant's driving record abstract obtained from the records of the Bureau of Motor Vehicles dated not more than 90 days prior to the date the director receives the application. Must write in year that first driver license was received.
6. Certification the applicant has passed the required driver training instructor testing at the exam station (vision, skill, and knowledge). Attach the examiner's form.
7. Proof the instructor applicant has completed, within the past 10 years, a department approved driver training instructor's course (attach New Instructor Training I form), OR a valid copy of a State of Ohio Department of Education Certificate with a driver training endorsement.
8. A statement from a licensed physician the instructor applicant is in sound physical and mental health, the applicant has no injury or physical or mental impairment, and the applicant is not under the influence of or addicted to any drug or medicine which may affect the applicant's ability to drive or effectively and safely instruct students. The statement shall be on a form prescribed by the Director and shall have been dated no more than one year prior to the date the Director receives the application.
9. The signature of an authorizing official from a licensed driver training school.

RENEWAL APPLICATIONS - The Department must receive the renewal application, or the application shall be postmarked, no later than 365 days after the last license issued to the applicant expires. All applications for renewal received after that date will be considered original applications and will require the original application fee of \$25 as well as other requirements listed above for original licensing. Renewal applications shall include:

1. A complete, accurate, and true application form signed and dated by the applicant and authorizing official. One page application with current driving abstract and photos.
2. A check or money order for \$10 payable to "Ohio Treasurer of State".
3. The instructor applicant's driving record abstract obtained from the records of the Bureau of Motor Vehicles dated not more than 90 days prior to the date the director receives the application.
4. Certification from the instructor applicant the applicant has maintained a record free of criminal convictions that may disqualify the applicant from holding a driver training instructor's license under Chapter 4501-7-03 and 4501-7-05 of the Administrative Code. The signature on the application provides this certification.
5. Certification from the instructor applicant the applicant is in sound physical and mental health according to the requirements of 4501-7-05 of the Ohio Administrative Code. **The signature on the application provides this certification.**
6. Two photographs of the applicant that measure two by two inches square showing neck, shoulders, full face and uncovered head and taken not more than sixty days prior to the date of the application. Photographs shall have a solid background and be in color. Photographs shall not be permanently attached to any material. Electronic photographs may be accepted. The license will be mailed to the school. This rule will be strictly enforced.

CHANGE OF STATUS - Use this form to change any license information occurring during the license year. This can include, but is not limited to, change of address, traffic convictions, chargeable crashes, or criminal convictions, to add instructor license endorsements or change license type. Change of status does not require a new license application fee. To change license type or endorsements:

1. Complete **name**.
2. Complete driver training **instructor license** captions.
3. Mark the appropriate "**change of status**" block.
4. Complete **ONLY** any information that has changed since last application.
5. Sign and date the form.

Mail all completed applications to:

Ohio Department of Public Safety
ATTN: Driver Training Program Rm. 426
P.O. Box 182081, Columbus, Ohio 43218-2081