



APPLICATION FOR DRIVER TRAINING INSTRUCTOR'S LICENSE

No license fee will be refunded in the event the application is disapproved. An instructor license is issued under Minnesota Statutes, Sections 171.33-171.41, and Minnesota Rules, Parts 7411.0100 to 7411.2000.

Part A - IDENTIFICATION DATA (To be completed by the Applicant)

Last Name		First Name		Middle Name		Birth Date (M/D/YYYY)	
Permanent Street Address				City		State	
						Zip Code	
Driver's License Number				Social Security Number (Required Minn. Stat. 270C.72)		Home Telephone Number	

- ATTACH A COPY OF:**
- Certified out-of-state driver's license record, if necessary
 - High school diploma or equivalency certificate (initial application only)
 - Fingerprint card and fee made payable to the BCA (initial application only)

Name & Address of Commercial Driver Training School at which you will be employed:

List Below Your Education and Training for a Driver Training Instructor's License (initial application only)

NAME & LOCATION OF TRAINING PROVIDER	DATE CLASSROOM COMPETENCIES IN MINNESOTA RULES, PART 7411.0630 COMPLETED	DATE LABORATORY COMPETENCIES IN MINNESOTA RULES, PART 7411.0630 COMPLETED

Part B - (To be completed and signed)

<p>Authorized Official of the Driver Training School:</p> <p>I certify that the above named applicant has completed the training competencies in Minnesota Rules, Part 7411.0630, and is or will be an instructor at our Driver Training School.</p> <p>_____</p> <p style="text-align: center;">Authorized Official's Signature</p> <p>_____</p> <p style="text-align: center;">Date</p>	<p>Applicant:</p> <p>I certify that the information contained in this statement is true, accurate, and complete, and that:</p> <ul style="list-style-type: none"> • I meet the instructor qualifications in Minnesota Rules, Part 7411.0620; and • My driving history exempts me from the disqualification criteria in Minnesota Rules, Part 7411.0645. <p>_____</p> <p style="text-align: center;">Applicant's Signature</p> <p>_____</p> <p style="text-align: center;">Date</p>
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Important facts about information on this application in compliance with M.S. 13.04, subd. 2:

This application for a driver training instructor's license is to help determine eligibility. Information other than your name and address requested on the application is private; that is, it may be released only to you or with your permission. It is necessary for you to complete the entire application; failure to do so will result in the disapproval of the application. The information contained herein may be shared with authorized persons in the Department of Public Safety and the Attorney General's Office of the State of Minnesota. If a license is issued, the privacy status of the information may change in compliance with Minnesota statutes. All information then becomes public with the exception of:

1. Medical reports of applicants for commercial driver training instructor's license (M.S. 13.69, subd. 1).
2. Information about a complaint against a licensee or applicant if the complaint is unsubstantiated or investigation is inactive (M.S. 13.41, subd. 2).
3. Inactive investigative data relating to the violation of statutes or rules (M.S. 13.41, subd. 2).

Date: _____

The following named individual has made application with this agency for a driver training instructor's license.

Applicant

Last Name: _____

First Name: _____

Middle (full) Name: _____

Maiden, Alias, or Former Name: _____

Date of Birth: _____ **Sex (M or F):** _____

I authorize the Minnesota Bureau of Criminal Apprehension and the Federal Bureau of Investigation to disclose all criminal history record information to the Minnesota Department of Public Safety, Driver and Vehicle Services, Office of Driver Education for the purpose of obtaining a driver training instructor's license from this agency. This background check is being done in accordance with Minnesota Rules 7411.0620, Subpart 8. and MnSA 171.

The expiration of this authorization shall be one year from the date of my signature.

Applicant's Signature

Date

To the Applicant:

Please be advised:

- Records obtained under the authority cited above may be used solely for the purpose requested.
- Your fingerprints will be used to identify fingerprint supported records, including criminal history, at the Minnesota BCA and the FBI.
- You have the right to challenge the accuracy and completeness of information provided (procedures are set forth in Minnesota Statutes section 13.04 and Title 28 CFR Section 16.34).

Submit this application and the license fee of \$50.00 made payable to the Commissioner of Public Safety to:

Driver & Vehicle Services
Office of Driver Education
445 Minnesota Street, Suite 176
St. Paul, MN 55101-5176