

**Application For Approval**

**MUST PROVIDE SEPARATE FORM FOR EACH PROGRAM  
(Please complete both sides of the application. Print in ink.)**

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|--|---|
| <input type="checkbox"/> Apprentice Permit - \$25.00                       | <input type="checkbox"/> Permanent Instructor - \$135.00            |
| <input type="checkbox"/> Instructor License Renewal - \$135.00             | <input type="checkbox"/> DIP Instructor                             |
| <input type="checkbox"/> Corrected Instructor/Apprentice License - \$20.00 | <input type="checkbox"/> 3 Hour Alcohol & Drug Education Instructor |
| <input type="checkbox"/> Duplicate Instructor/Apprentice License - \$20.00 | <input type="checkbox"/> OTHER: _____                               |

Name of School or Provider \_\_\_\_\_ School ID or Provider # \_\_\_\_\_ Instructor Number if applicable \_\_\_\_\_ Exp date \_\_\_\_\_

**Applicant Information: (Name & Address must match your Driver's License)**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_ Phone Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Exp Date \_\_\_\_\_ State Issued \_\_\_\_\_

- Yes No**
- Has your driver license or privilege to operate a motor vehicle ever been revoked, suspended, cancelled or refused, in this or any other state or District of Columbia? If yes when (mm-dd-yy) \_\_\_\_\_ and where (state) \_\_\_\_\_ ?
- Are you at least 21 years of age and have you held a driver's license for the last three (3) consecutive years?
- Have you ever been convicted of any violation of the law, other than traffic violations? If yes, please explain in additional informational section or attach a separate sheet of paper.
- Are you currently employed by the State of Maryland? If so, what agency? \_\_\_\_\_

**RENEWAL APPLICANTS ONLY**

- Yes No**
- I certify that in the past two years that I have satisfactorily completed a minimum of 8 hours of professional development approved by the Administration. **Please provide supporting documentation from program that was completed.**
- I certify that I have been observed and evaluated at least 2 times in the last two years by the owner of the school, or another school official.

**Certification of School**

- I certify that the aforementioned individual has in the last 2 years taught a minimum of 30 hours of programs courses.

Certifying School number \_\_\_\_\_ Certifying School Official Signature \_\_\_\_\_ (Printed) \_\_\_\_\_ Date \_\_\_\_\_

## NEW FOREIGN LANGUAGE APPLICANTS ONLY

Yes No

- Are you applying to instruct Driver's Education in another language other than English?  
If so, please check the appropriate box and supply the pertinent documents to certify that you are qualified to do so:
- Maryland Court Certified Translator- Must supply copy badge or other certification dated within the last 30 days.
  - Maryland State Department of Education Certificate- Must supply copy of certificate stating language certified in.
  - Driver Instructional Services Division Testing

If your request requires additional information, please supply here: \_\_\_\_\_

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### Certification of Signator(s)

It is illegal for anyone to give false or fictitious information for a Driver Instructors License, Apprentice Permit or a Remedial Program instructor's approval. Since the approval is considered part of the application, anyone who provides or certifies to a false or fictitious statement or information herein may be prosecuted and/or have his or her approval cancelled.

### Applicant Certification

I certify, under penalty of perjury that the statements are true and correct. I am familiar with the Maryland Motor Vehicle certification laws and regulations concerning the conduct of remedial program instructors. I understand this approval is only valid while I am employed with an approved remedial program.

Applicant's Signature

Date

### School or Program Owner's Certification

I acknowledge as owner, partner or department of education official of the licensed driver's school or Remedial Program listed that the information submitted by the applicant is true and that the applicant will be employed by me upon receipt of his/her approval.

I certify under penalty of perjury that the statements are true and correct.

Owner's Signature

Title

Date



Apply to register to vote with your driver's license transaction. For details ask your customer service representative.