



ACTION WANTED: Original Amendment

TO BE QUALIFIED AS A NEW YORK STATE IMPAIRED DRIVER PROGRAM INSTRUCTOR, YOU MUST:

- ◆ hold a driver license valid for operation in New York State;
◆ have no record of suspension or revocation of the driver license for a period of at least three years prior to instructing in the Impaired Driver Program;
◆ not be employed or retained by an alcoholism and substance abuse evaluation/treatment provider where IDP participants are referred; and
◆ have at least two years of full-time professional experience as a group counselor, preferably in alcohol or drug abuse counseling, OR two years of teaching experience.

Client ID Number (ID Number from NYS Driver License)

[Input field for Client ID Number]

Date of Birth (Month-Day-Year)

[Input field for Date of Birth]

Last Name of IDP Instructor Applicant

[Input field for Last Name]

First Name

[Input field for First Name]

Middle Initial

[Input field for Middle Initial]

Suffix (Jr., Sr., etc.)

[Input field for Suffix]

Address

[Input field for Address]

Address (Continued)

[Input field for Address (Continued)]

City

[Input field for City]

State

[Input field for State]

Zip Code

[Input field for Zip Code]

-

[Input field for Zip Code]

Driver License State

[Input field for Driver License State]

Driver License Expiration Date

[Input field for Driver License Expiration Date]

-

[Input field for Driver License Expiration Date]

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[Input field for Driver License Expiration Date]

If state of driver license is not New York, the applicant must attach a recent certified driver's license abstract from the state of license record.

I attest to the fact that I meet the IDP Instructor qualifications as listed on this application and that my responses are truthful, under penalty of law.

X

Signature of Applicant

Date Signed

OFFICE USE ONLY

Denied:

- Driver License Record
 Lack of Experience
 Conflict of Interest

Impaired Driver Program Name (Instructor Employer)

Address of IDP Program Site

IDP Address (Continued)

City

State

Zip Code

-

Impaired Driver Program Director Last Name

IDP Director First Name

Middle
Initial

Suffix (Jr., Sr., etc.)

X

Signature of IDP Director

Date Signed

Complete and mail all application materials to:

New York State Department of Motor Vehicles
Impaired Driver Program
6 Empire State Plaza, Room 336
Albany, NY 12228