

COMMERCIAL DRIVER TRAINING INSTRUCTOR LICENSE APPLICATION

North Dakota Department of Transportation, Driver License

SFN 13960 (3-2022)

Name of Instructor			Application Year
Address	City	State	ZIP Code
Driver License Number	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Ever Been a Resident of/or Licensed in Another State? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, list city, state, and year	
Name of Commercial Driving School Instructing For:			
Authorized to Sign Agreements/Contracts/Certificates? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Previous Employers: (Last five years)

Name	Address	Date

Previous Driver Training Instructor Experience: No Yes - list locations and dates below

Name of School	Address	Date

Holder of Valid Certificate from the Department of Public Instruction? <input type="checkbox"/> No <input type="checkbox"/> Yes	Expiration Date
---	-----------------

I, _____, hereby authorize the Director of the North Dakota Department of Transportation or his authorized representative to investigate my background and any criminal record I may have, and to review my driving record.

Signature	Date
-----------	------

A \$10 fee must accompany this application. Make check or money order payable to the Driver License Division at:

DRIVER LICENSE DIVISION
NORTH DAKOTA DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0750