

INSTRUCTOR LICENSE APPLICATION

Class A - Commercial Vehicle

Purpose: Use this form to apply for a driver training instructor license.

Instructions: Return completed form to the Commercial Licensing Work Center at the above address.

NOTE : This application must include a copy of a national criminal history check, completed within 60 days of the date this application is received by DMV.

APPLICATION INFORMATION

(check one) <input type="checkbox"/> Original (first-time application) <input type="checkbox"/> Renewal	Fee: \$50 - One-Year License Note: License must be concurrent with school license
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INSTRUCTOR INFORMATION

FULL LEGAL NAME OF INSTRUCTOR (last)		(first)	(mi)	(suffix)
HOME ADDRESS	CITY	STATE	ZIP CODE	DMV CUSTOMER NUMBER
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE	HOME TELEPHONE NUMBER
EMAIL ADDRESS	INSTRUCTION LICENSE NUMBER (if previously licensed)		EXPIRATION DATE	

DRIVER TRAINING SCHOOL INFORMATION

NAME OF DRIVER TRAINING SCHOOL WHERE EMPLOYED			SCHOOL TELEPHONE NUMBER
SCHOOL STREET ADDRESS	CITY	STATE	ZIP CODE
			FAX NUMBER

INSTRUCTOR QUALIFICATIONS AND REQUIREMENTS

- Do you have a valid Virginia non-restricted interstate commercial driver's license - that has been held for three years - and which has the appropriate vehicle classes and endorsements for the type of instruction that you intend to provide Yes No
- Do you have a high school diploma? Yes No (If no, you must answer YES to one of the following)
 - Do you have at least one year of previous Class A instructing experience Yes No (if YES attach supporting document(s))
 - Have you completed a Class A Driver Training Course conducted by the hiring school? Yes No (if YES attach certificate of completion)
- Have you completed a minimum of 160 hours of Class A instructor training conducted by the hiring school? Yes No
- Do you meet the physical requirements (including any alcohol and drug screening requirements) for commercial drivers as specified in the Federal Motor Carrier Safety Regulations? Yes No (if YES attach supporting document(s) eg: medical report)

EMPLOYER CERTIFICATION

I certify that the above named individual is an employee or has applied to become an employee of this driver training school in a position that involves the training of individuals in the operation of motor vehicles. I further certify and affirm that all information I have presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

SCHOOL NAME (print)	OWNER/MANAGER SIGNATURE	DATE
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INSTRUCTOR CERTIFICATION

I understand that as an applicant seeking an original or a renewal of an instructor's license I must submit with my application a national criminal records check completed within 60 days of the submission date of this application.

By my signature I authorize the Department of Motor Vehicles to verify that my Virginia driver's record fulfills the requirements for my licensing under current statute and regulations.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

INSTRUCTOR SIGNATURE	DATE
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DMV USE ONLY

CLERK STAMP	VERIFICATION OF: <input type="checkbox"/> Fee(s) paid <input type="checkbox"/> National criminal background check <input type="checkbox"/> Driver History Check	<input type="checkbox"/> Approved <input type="checkbox"/> Denied School License # _____ School Code # _____ Initial License Date (mm/dd/yyyy) _____ License Expiration Date (mm/dd/yyyy) _____	REMARKS
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