

INSTRUCTOR LICENSE APPLICATION

Purpose: Use this form to apply for a Driver Improvement Clinic instructor's license.
Instructions: Submit the completed application with the \$50 yearly certification fee to the Commercial Licensing Work Center at the address above.

APPLICATION INFORMATION		
Type of Application: (check one): <input type="checkbox"/> Original (first-time application) <input type="checkbox"/> Renewal <input type="checkbox"/> \$50 - One Year Certification Fee		
Instructor will provide instruction for:		
<ul style="list-style-type: none"> • Passenger Drivers <input type="checkbox"/> DMV-directed, court-directed, voluntary, insurance <input type="checkbox"/> Company employees - to provide training/awareness • Commercial Drivers <input type="checkbox"/> DMV-directed, court-directed, voluntary, insurance <input type="checkbox"/> Company employees - to provide training/awareness 		
Instructor will provide instruction in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify _____)		

APPLICANT INFORMATION			
APPLICANT/INSTRUCTOR NAME (last)	(first)	(mi) (suffix)	TELEPHONE NUMBER ()
SSN OR DMV CUSTOMER NUMBER			EXPIRATION DATE (mm/dd/yyyy)
MAILING ADDRESS		CITY	STATE ZIP CODE
PASSENGER VEHICLE COURSE CURRICULUM (Give vendor name and attach copy of the certification)		INSTRUCTOR NUMBER	EXPIRATION DATE (mm/dd/yyyy)
COMMERCIAL VEHICLE COURSE CURRICULUM (Give vendor name and attach copy of the certification)		INSTRUCTOR NUMBER	EXPIRATION DATE (mm/dd/yyyy)

DRIVER IMPROVEMENT CLINIC INFORMATION			
FULL NAME OF CLINIC (print or type)			
FULL NAME OF OWNER(S)			
BUSINESS OFFICE ADDRESS		CITY	STATE ZIP CODE
E-MAIL ADDRESS	TELEPHONE NUMBER ()	FAX NUMBER ()	CELL PHONE NUMBER (if applicable) ()

INSTRUCTOR CERTIFICATION		
I hereby make application for a driver improvement clinic instructor license and certify that all information contained in this application and on all supporting document(s) is true. 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 established criteria and statute. Instructor Agreement on the back of this form. By my signature, I also certify that I will comply with the conditions of the Driver Improvement Clinic.		
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 NAME (Print)	INSTRUCTOR SIGNATURE	DATE (mm/dd/yyyy)

DRIVER IMPROVEMENT CLINIC CERTIFICATION		
I certify that the above named individual has applied to become an instructor or is an instructor, for this driver improvement clinic.		
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.		
OWNER NAME (Print)	OWNER SIGNATURE	DATE (mm/dd/yyyy)

DMV USE ONLY			
Clinic Code Number	Verification of: <input type="checkbox"/> Fee <input type="checkbox"/> Instructor Certification(s) Driver Record Verified: Demerit Points: _____ Date Checked: _____	Remarks: <input type="checkbox"/> Approved Date: _____ Expiration Date: _____ <input type="checkbox"/> Denied	Clerk Stamp



Driver Improvement Clinic Instructor Agreement

The Department of Motor Vehicles (hereafter referred to as "DMV") and _____ (hereafter referred to as Instructor), mutually agree to the following:

To apply, Instructor must:

1. Submit a completed application.
2. Pay the DMV license fee.
3. Hold a valid driver's license that reflects no more than 6 demerit points. If the driver's license is out-of-state, a copy of the valid driver's license must be provided to DMV.
4. Hold a valid instructor certification with a DMV-approved curriculum vendor associated with the driver improvement clinic at the time of licensing and throughout the licensure period. The expiration of the instructor's certification shall coincide with the expiration of the respective clinic certification. No instructor will be permitted to continue instructing students upon the expiration of the instructor's certification with the curriculum vendor or DMV

Instructor Requirements for Class Instruction:

1. Verify each student's identification using a picture identification issued by a government agency.
2. Follow the curriculum and properly utilize the training materials provided by a DMV-approved curriculum vendor.
3. Conduct a full eight-hour course of classroom instruction, including administration of the final written exam. Meals and other breaks will not count towards the eight-hour requirement.
4. Permit students to take the final written exam only once each calendar day.
5. Final written exams shall consist of subject matter questions.
6. Students must answer at least 80% of the questions correctly to successfully complete the course. Issue the appropriate Certificate of Completion to each student successfully completing the course.
7. Report clinic attendance to clinic owner within 24 hours of clinic completion.

Notification of Change Requirements:

1. Instructor must provide written notice to DMV within thirty working days if there are changes that will affect the instructor's record with DMV.

Additional Limitations:

1. Instructor cannot use the DMV logo on any form of advertising.
2. School advertisements cannot be placed in the DMV customer service centers.

CERTIFICATION AND SIGNATURES

By signing this document, I agree to the terms and the conditions specified above. This agreement shall become effective upon signing and shall be renewed on an annual basis. Either party may terminate this Agreement by giving written notice within 30 working days of the termination. I understand that failure to comply with any of the terms of this agreement may result in suspension or termination of the clinic's or instructor's certification, and assessment of civil penalty.

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 NAME (Print)	INSTRUCTOR SIGNATURE	DATE (mm/dd/yyyy)
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FOR DMV USE ONLY

AGREEMENT EFFECTIVE DATE	AGREEMENT EXPIRATION DATE
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