 **TRAFFIC SAFETY DIVISION APPLICATION FOR**

**DRIVER EDUCATION INSTRUCTOR**

**ORIGINAL**

**CERTIFICATE**

**INSTRUCTIONS FOR COMPLETING THIS APPLICATION**

Before completing this application please review the Rules and Regulations pertaining to certification, NMAC 18.20.3. The Rules and Regulations can be found on the TSC website under the Licensing tab and Driver Education School Forms. Your signature below will verify that you have taken this action.

* complete this application on your computer by using the TAB key or mouse to advance between fields
* if completing by hand, please print legibly in black ink (if your application is unreadable, it will be denied and returned)
* provide all information requested
* include copies of all the required documents
* initial each sworn statement that indicates you understand and will abide by all requirements
* sign and date the application
* make a copy for your records
* mail all original documents to:

**UNM Traffic Safety Center**

**MSC07 4030,**

**1 University of New Mexico**

**Albuquerque, NM 87131-0001**

If you have any questions concerning this application or any of the forms, please contact:

The UNM Traffic Safety Center (TSC) by email at: TSCdriverprograms@unm.edu or by telephone at (505) 584-8365

**WHAT HAPPENS ONCE YOU SUBMIT THIS APPLICATION?**

The University of New Mexico Traffic Safety Center (TSC), on behalf of the NMDOT Traffic Safety Division (TSD), will review your application within 15 days to determine if it is complete. Applications will be reviewed in the order in which they are received. ***Applications will not be considered complete until the TSC receives all required documents, including the MVD and DPS reports.***

If the application is ***not*** complete, the TSC will contact you regarding the missing information or documents. If the TSC does not receive the missing information or documents within 30 days of the date your application was received, your application will be considered inactive. You may resubmit a complete application at any time.

If the TSD does not approve your application, you will receive a letter stating the reasons why it was not approved. If the reasons can be resolved, you may resubmit your application.

Upon completion of your application, TSC will notify you to submit a check made payable to *Traffic Safety Division* in the amount of:

* $50.00 if you file your application between July 1 and December 31 (for certificates valid more than 6 months)
* $25.00 if you file your application between January 1 and June 30 (for certificates valid less than six months)

Once the certificate fee is received and the TSD has granted approval, the TSC will issue your Driver Education Instructor certificate on behalf of the Traffic Safety Division.

**NO PERSON MAY INSTRUCT A DRIVER EDUCATION SCHOOL CLASS UNLESS AND UNTIL THE TRAFFIC SAFETY DIVISION HAS GRANTED WRITTEN APPROVAL BY ISSUING A DRIVER EDUCATION INSTRUCTOR CERTIFICATE.**

* ***PLEASE KEEP THESE INSTRUCTIONS FOR FUTURE REFERENCE.***

**APPLICATION FOR ORIGINAL INSTRUCTOR CERTIFICATE**

**Section 1 – Instructor Information**

|  |  |
| --- | --- |
| Instructor Name  |       |
| Mailing Address (Street Address, City, State, Zip Code) |       |
| Telephone Number(s) |       |
| E-mail Address  |       |
| Date of Birth  |       | Social Security #       |
| Name of School Where Employed |       |
| Address of School Street Address, City, State, Zip Code |       |
| School Owner/Operator |       |
| I plan to teach: (check all that apply)  | Classroom [ ]  Behind-the-Wheel [ ]  |

**Section 2 – References**

Please provide three (3) character and/or employment references. **At least one of the references must** **be a present or past employer. Family members may not be used as references.**

|  |  |  |
| --- | --- | --- |
| **1** | Name |       |
|  | Street Address, City, State, Zip Code |           , NM       |
|  | Telephone Number |       |
|  | Relationship |       |
|  |  |  |
| **2** | Name |       |
|  | Street Address, City, State, Zip Code |           , NM       |
|  | Telephone Number |       |
|  | Relationship |       |
|  |  |  |
| **3** | Name |       |
|  | Street Address, City, State, Zip Code |           , NM       |
|  | Telephone Number |       |
|  | Relationship |       |

**Section 3 – Required Documents**

Please submit the following documents with this application:

* Applicant’s resume or related work history
* The NM limited history driving form attached must be completed with your original signature, as well as a limited history driving record from any state in which you have resided in the past ten (10) years dated no earlier than sixty (60) days before the date the application is filed with the bureau. You are responsible for obtaining any out of state records to submit with your application.
* The Authorization for Release of Information by NMDPS form attached must be completed with your original signature and notarized. You will need to obtain and submit any out of state records from any state in which you have resided in the past ten (10) years dated no earlier than sixty (60) days before the date the application is filed with the bureau. ***Please include your check or money order for $15.00 made payable to the Department of Public Safety*** (if the applicant is the applying as the Owner/Operator of the school, only one DPS form needs be submitted).
* If you have ever been convicted of or pled guilty or no contest to a misdemeanor, traffic misdemeanor or felony, a separate sheet and supporting documentation explaining why each such conviction or plea should not disqualify you from obtaining a license under paragraph 18.20.3.18 E
* The health certificate form attached and signed by a physician, dated no earlier than sixty

(60) days before the date the application is filed with the bureau. Note: if you are only applying as a classroom instruction, you only need to have Section 1 completed. If you are only applying as a Behind-the-Wheel instructor, you only need to have Section 2 completed. If you are applying for both, then both sections will need to be completed.

* If you are a licensed teacher, a copy of your current teaching license from the New Mexico Public Education Department
* If you are not a licensed teacher:
* Submit a copy of your bachelor’s degree or official transcript evidencing completion

 from an accredited college or university, and

* a resume with verifiable employment history showing a minimum of 3 years full time

 experience in driver training or a related field

* a copy of your certificate of completion of the 40-hour New Instructor Training Course sponsored by the TSD designed to teach instructional strategies, classroom management, or acquisition of teaching competencies ***or***
* a request for a waiver of this requirement from the Owner/Operator of the school where you will be employed until the next scheduled New Instructor Training Course.

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**Section 4 – Sworn Statements**

By my initials beside each statement, I  certify that:

\_\_\_\_\_ I have obtained a copy of, have read, and agree to comply with the requirements of, 18.20.3 NMAC, Driver Education Schools, the rule adopted by the Traffic Safety Division regarding the Driver Education School program.

\_\_\_\_\_ The information submitted is accurate and valid

\_\_\_\_\_ I understand that failure to comply with the requirements of the rule shall be grounds for suspension or revocation of any certificate issued to me by the Traffic Safety Division.

\_\_\_\_\_ I am in compliance with the Parental Responsibility Act, NMSA 1978, Section

 40-5A-1 et seq. regarding paternity or child support proceedings and understand that failure to comply with this Act will result in denial of my application or revocation or suspension of my license.

\_\_\_\_\_ I will not instruct Driver Education School classes in New Mexico until I

 receive a Driver Education Instructor certificate from the Traffic Safety Division.

\_\_\_\_\_ I understand that I **must** complete the 40-hour New Instructor Training within one year of certification to be able to re-certify.

**Section 5 – Signature and Date**

By my signature below, I certify, under penalty of perjury, that the information given in this application and all accompanying documents is true to the best of my knowledge and ability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s signature Date

Please note that TSD requires an original application for processing. Copies will not be accepted. Please make a copy of this application for your records and submit an original.

TSC Review by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NMDOT TSD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Approved Denied

Reviewer’s Comments:

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