**TRAFFIC SAFETY DIVISION** **(TSD) APPLICATION FOR**

**DRIVING SAFETY SCHOOL**

**NEW**

**ORIGINAL LICENSE**

**INSTRUCTIONS FOR COMPLETING THIS APPLICATION**

Before completing this application please review the Rules and Regulations pertaining to licensing, NMAC 18.20.8, at: <https://www.srca.nm.gov/parts/title18/18.020.0008.html>.

Your signature below will verify that you have taken this action.

* Complete this application by typing, ***or*** by printing legibly in black ink
* Provide all information requested in Sections 1 to 4 of the application form
* Include copies of all the required documents listed in Section 5 of the application

 form

* Sign each statement in Section 6 of the application form (handwritten only)
* Sign and date the application in Section 7 of the application form (handwritten only)
* Submit a check made payable to **Traffic Safety Division** in the amount of
* $400.00 for the main school site plus
* a $35.00 for each extension site
* Make a copy of the completed application and required documents for your records
* Mail all documents to:

**University of New Mexico**

**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 Traffic Safety Center by phone at *(505) 546-9876*or by email at TSCdriverprograms@unm.edu

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

The UNM Traffic Safety Center (TSC) on behalf of the Traffic Safety Division (TSD), will review your application within 15 business days to determine it is complete. Applications will be reviewed in the order in which they are received. ***Applications will not be considered complete until 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 of the contact, 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.

**NO PERSON MAY OPERATE A DRIVING SAFETY SCHOOL UNLESS AND UNTIL THE TRAFFIC SAFETY DIVISION HAS GRANTED WRITTEN APPROVAL BY ISSUING A DRIVING SAFETY SCHOOL LICENSE.**

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

**APPLICATION FOR DRIVING SAFETY SCHOOL ORIGINAL LICENSE**

**Section 1 – Driving Safety School Information**

|  |  |
| --- | --- |
| School Name (as it appears on business license)  |   |
| School Physical Address Street Address, City, State, Zip Code  |    |
| School Mailing Address (if different from physical address) Street Address, City, State, Zip Code  |    |
| Toll-Free Telephone Number  |    |
| Local Telephone Number(s)  |    |
| Fax Number  |   |
| E-mail Address for customers |  |
| E-mail Address for communication with TSC |  |
| Website |  |
| Name of School Owner/Operator (responsible for compliance with state law)  |   |
| Name(s) that appear on business license:  |   |
| Address of owner/operator:  |    |
| Telephone number of owner/operator:  |   |
| Course Type: | [ ] 6 hr. Course [ ] 8 hr. Suspended License Course |
| Instruction Setting:  | [ ]  Classroom [ ]  Online Distance Learning |
| I am also filing a separate application to be an Instructor: | [ ] Yes [ ] No |

**Section 2 – References**

Please provide three (3) character and employment references.

**At least one of the references must be an employment reference.**

**\*Family members may not be used as references**.

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

**Section 3 – List of Extension Sites**

|  |  |  |  |
| --- | --- | --- | --- |
| **Site ID**  | **City**  | **Street Address**  | **Telephone**  |
| Site A  |   |   |   |
| Site B  |   |   |   |
| Site C  |   |   |   |
| Site D  |   |   |   |

**Section 4 – List of Instructors**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name**  | **Telephone**  | **Site ID\***  |
| 1  |   |   |   |
| 2  |   |   |   |
| 3  |   |   |   |
| 4  |   |   |   |
| 5  |   |   |   |
| 6  |   |   |   |
| 7  |   |   |   |

**\*** use M for the main site or the site ID letter from section 3 above for extension sites

**Section 5 – Required Documents**

Please submit the following documents with this application:

[ ]  A surety bond that meets the requirements of paragraph 18.20.8.9 (B)(3) of the rule;

[ ]  A copy of the Certificate of Maximum Occupancy Load issued by the state or local Fire Marshal stating the maximum occupancy allowed by the fire code for each room used for instruction at a main and extension site(s). *Online Distance Learning Schools do NOT need to provide this document;*

[ ]  A schedule of fees applicable to students who enroll in the program including:

A copy of the written refund and written rescheduling policy issued to each student upon enrollment;

[ ]  A copy of the Business License for main site (and extension sites located in a different city) *Non-New Mexico schools must provide your out of state business license or proof of registration with the Secretary of State*;

[ ]  A copy of the proposed curriculum:

* If using a pre-approved manual (AAA’s *Driver Improvement Program*, or National Safety Council’s *The Defensive Driving Course*), only a course outline indicating time spent on each section by name is required.
* If using other curriculum, please submit full curriculum for TSD review
* Curriculum Outline including course handouts (Using the approved form)
* List of videos with source(s)
* Student report form that complies with subsection 18.20.8.10 B(b) of the rule

[ ]  Final examination questions with answer key that complies with subsection 18.20.8.11(K) or 18.20.13 (D) of the rule

**Section 6 - Sworn Statements**

By my signature below each statement, I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, d/b/a/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that:

***Note:*** *A signed affirmation of each statement must be handwritten in the applicable section or the application will be returned.*

* I have obtained a copy of, have read, and agree to comply with the requirements of, 18.20.8 NMAC, Driving Safety Schools, the rule adopted by the Traffic Safety Division regarding Driving Safety Schools.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I understand that failure to comply with the requirements of the rule shall be grounds for suspension or revocation of the Driving Safety School license issued to me by the Traffic Safety Division.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I understand that as the owner of the applicant school I am the person responsible for complying with all the school’s obligations and responsibilities under New Mexico statutes and regulations;

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I will not transfer the ownership of the school to any person who is not licensed by the Traffic Safety Division to operate a driver education school; and I will only make such a transfer after giving reasonable advance notice to the Traffic Safety Division;

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* The Driving Safety School main site and extension sites I operate, meet the accessibility requirements of the Americans with Disabilities Act.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* The persons who will serve as Driving Safety Instructors meet the requirements of the rule.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 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.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I will not operate a Driving Safety School in New Mexico until I have received a license from the Traffic Safety Division (18.20.8.8 (A)).

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I understand I must file an application for renewal of my license with the Bureau on or before Oct 1 of each year to ensure license renewal by Nov 1

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I understand that I shall, on a quarterly basis, provide the Bureau with a copy of the class roster for each driving safety course conducted which shall contain, at a minimum, the name of the instructor, and each student's name, date of birth, date of course completion, final exam test score, and completion certificate number; using the provided form.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I understand that I shall notify the Bureau at least thirty (30) days in advance if the driving safety school intends to cease operations;

                    (1)     any changes in address ten (10) days before opening for business at the new location;

                    (2)     the addition or closing of extension sites within ten (10) days of their opening or closing; and

                    (3)     the addition or deletion of instructors within ten (10) days of their hiring or leaving.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 7 – 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 (Handwritten Only) 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: