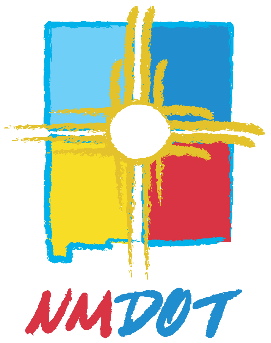
**TRAFFIC SAFETY DIVISION** **APPLICATION FOR**

**DRIVING SAFETY SCHOOL**

**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 on your computer by using the TAB key or mouse to advance between fields and then print it out, ***or*** 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

* initial each statement in Section 6 of the application form
* sign and date the application in Section 7 of the application form
* 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:

* Traffic Safety Center by telephone at ***(505) 584-8365*** or by email at [tscdriverprograms@unm.edu](mailto:tscdriverprograms@unm.edu)

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

The Traffic Safety Center (TSC) on behalf of the Traffic Safety Division (TSD), will review your application within 15 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.

If the TSD conditionally approves your application, the TSC will notify you to submit:

* a surety bond that meets the requirements of paragraph 18.20.8.9B(3) of the rule
* a check made payable to ***Traffic Safety Division*** in the amount of
* $400.00 licensing fee
* *plus* $35.00 for each extension site regardless of filing date

Once the TSC receives the surety bond and the license fee, the TSC will issue your Driving Safety School license on behalf of the Traffic Safety Division.

**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 | , NM | |
| School Mailing Address  (if different from physical address)  Street Address, City, State, Zip Code | , NM | |
| Toll-Free Telephone Number |  | |
| Local Telephone Number(s) |  | |
| Fax Number |  | |
| E-mail Address |  | |
| Do you have Internet access? | yes  no | |
| Web Address (if applicable) |  | |
| Name of School Owner/Operator  (responsible for compliance with state law) |  | |
| Name(s) that appear on business license: |  | |
| Address of owner/operator: | , NM | |
| Telephone number of owner/operator: |  | |
| Email address of owner/operator: |  | |
| Course Type | 6 hr. Course  8 hr. Suspended License Course  Safer NM | |
| 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 | , 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 – 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 completed Request for NM MVD Limited Driving History form. This form can be found on the TSC website on the Driver Safety School Forms list. This will enable the TSC to obtain the applicant’s limited driving history directly. The applicant’s original signature is required (if the applicant has submitted an MVD request form with an instructor’s certificate application, the applicant does not need to submit it with this application) *Non-New Mexico residents must additionally provide a motor vehicle history from each state they have held a license;*
* A completed Authorization for Release of Information by DPS form. This form can be found on the TSC website on the Driver Safety School Forms list. This will enable the TSC can obtain the applicant’s state criminal background check directly. The applicant’s original signature is required. ***This form must be notarized and accompanied by a check for $15.00 made payable to the Department of Public Safety*** (if the applicant has submitted an MVD request form with an instructor’s certificate application, the applicant does not need to submit it with this application) *Non-New Mexico residents must additionally provide a criminal background check from each state in which they have resided in the past ten (10) years;*
* If you have ever been convicted of or pleaded 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 18.20.8.10 A;
* 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 or extension site *Online Distance Learning Schools do NOT need to provide this document*;
* A schedule of fees applicable to students who enroll in the program;
* 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*;
* NM GRT (EIN) identification number *Non-New Mexico schools must provide your Federal EIN number if you do not have a New Mexico CRS ID number*;
* A copy of the written refund and written rescheduling policy issued to each student upon enrollment;
* 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
* outline of course
* handouts
* list of videos
* 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 18.20.8.8 C(6) of the rule

**Section 6 - Sworn Statements**

By my initials beside each statement, I, , d/b/a/ , certify that:

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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;

\_\_\_\_\_ 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;

\_\_\_\_\_ The Driving Safety School main site and extension sites I operate meet the

accessibility requirements of the Americans with Disabilities Act.

\_\_\_\_\_ The persons who will serve as Driving Safety Instructors meet the requirements

of the rule.

\_\_\_\_\_ 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 operate a Driving Safety School in New Mexico until I have received a

license from the Traffic Safety Division.

**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 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.

Reviewed by (TSC)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Denied Date

Reviewer’s Comments:

Reviewed by (TSD)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Denied Date

Reviewer’s Comments: