

TRAFFIC SAFETY DIVISION (TSD) APPLICATION FOR

DRIVING SAFETY INSTRUCTOR RENEWAL CERTIFICATE

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Before completing this application please review the Rules and Regulations pertaining to licensing, NMAC 18.20.8. The rules can be found on the TSC website under the Licensing tab and Driver Safety Schools. Your signature below will verify that you have taken this action.

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Ц	Complete this application by typing, <i>or</i> by printing legibly in black ink
	Provide all information requested in Sections 1 and 2 of the application form
	Include copies of all the required documents listed in Section 3 of the application form
	Initial each statement in Section 4 of the application form
	Sign and date the application in Section 5 of the application form
	Submit a check made payable to <i>Traffic Safety Division</i> in the amount of: \$50.00 plus
	\square A \$25.00 late fee if the application is postmarked on or after October 1 st
	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
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If you have any questions concerning this application or any of the forms, please contact the Traffic Safety Center by telephone at 505-546-9876 or by email at TSCdriverprograms@unm.edu

Albuquerque, NM 87131-0001

WHAT HAPPENS ONCE YOU SUBMIT THIS APPLICATION?

The UNM Traffics 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 TSC does not receive the missing information or documents by October 31, your license will expire and the TSD will issue a notice for you to cease and desist teaching driving safety classes.

If your certificate expires, you may submit a complete application for Driver Education School Instructor Original Certificate at any time.

NO PERSON MAY CONTINUE TO INSTRUCT A DRIVING SAFETY SCHOOL CLASS AFTER OCTOBER 31st OF THIS YEAR UNLESS AND UNTIL THE TRAFFIC SAFETY DIVISION HAS GRANTED WRITTEN APPROVAL BY ISSUING A DRIVING SAFETY INSTRUCTOR CERTIFICATE FOR THE LICENSING YEAR COMMENCING NOVEMBER 1st.

> PLEASE KEEP THESE INSTRUCTIONS FOR FUTURE REFERENCE.

APPLICATION FOR RENEWAL INSTRUCTOR CERTIFICATE

Section 1 – Instructor Information

Instructor Name				
(as you would like it to appear on certificate)				
Instructor Mailing Address (if different from				
Address of School Where				
Employed, below)				
Street Address, City, State, Zip Code				
Instructor Telephone Number(s)				
Instructor E-mail Address				
Do you have Internet access?	□Yes	□No		
Instructor Date of Birth				
Name of School Where Employed				
Address of School Where Employed				
Street Address, City, State, Zip Code				
Name of School Owner/Operator				
_				
Specials	☐ 6hr	Γ	☐ 8hr	☐ Distance Learning
	0111	_	– 0111	_ Distance Dearning

Section 2 – Continuing Education

Name of Course	Location	Sponsor	Credit Hours	Attendance Date

Section 3 – Required Documents

Please s	ubmit the following documents with this application:
	A completed <i>Request for MVD Limited Driving History</i> form. This form can be found on the TSC website on the Driving 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;
	A completed Authorization for Release of Information by DPS form. This form can be found on the TSC website on the Driving 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 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 18.20.8.16 (E);
	A copy of the applicant's health certificate signed by a physician and dated no earlier than <u>sixty (60) days</u> before the date the application is filed with the TSC stating that the applicant is free from any chronic communicable diseases (distance learning instructor applicants do not need to submit a health certificate);
	Copies of certificates of completion showing at least 8 hours of attendance at classes or workshops that qualify for continuing education credits as stated in subsection 18.20.8.17 (B) of the rule.

Section 4 – Sworn Statements

By my initials beside each statement, I,	, certify that:
➤ I have obtained a copy of, have read, and agree to a 18.20.8 NMAC, Driving Safety Schools, the rule a regarding the Driving Safety School program.	
Signed:	
The information submitted is accurate and valid. A application are still in full force and effect.	ll statements sworn to in the original
Signed:	
➤ I understand that failure to comply with the require grounds for suspension or revocation of any certific Traffic Safety Division.	
Signed:	
➤ I understand that TSD shall not renew the certificate who fails to meet the standards specified in NMAC	•
Signed:	
➤ I am in compliance with the Parental Responsibility 40-5A-1 et seq. regarding paternity or child support that failure to comply with this Act will result in derevocation or suspension of my license.	t proceedings and understand
Signed:	
➤ If I have not received my renewal certificate by No Driving Safety School classes until I have received Safety Division.	
Signed:	

$Section \ 5-Signature \ and \ Date$

By my signature below, I certify, under penalty of perjury, that the information given in the application and all accompanying documents is true to the best of my knowledge and ability				
Applicant's signature				
Applicant's signature		Date		
Please note that TSD requires an origory of this application for your reco		cessing. Copies will not be accepted. Please make a nal.		
oppy of and approximation four rook				
TSC Review by		Date		
NMDOT TSD		Date		
	□Approved	Denied		
Reviewer's Comments:				