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.

- ❑ Complete this application by typing, ***or*** 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 *Traffic Safety Division* in the amount of:
  - ❑ $50.00 plus
  - ❑ A $25.00 late fee if the application is postmarked on or after October 1st

- ❑ 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 telephone at *505-546-9876* ***or*** by email at TSCdriverprograms@unm.edu

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 ☐ 8hr ☐ Distance Learning

Section 2 – Continuing Education

Name of Course	Location	Sponsor	Credit Hours	Attendance Date

Section 3 – Required Documents

Please submit the following documents with this application:

- ❑ A completed *Request for MVD Limited Driving History* 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;***

- ❑ A copy of the applicant's health certificate signed by a physician and dated no earlier than sixty (60) days 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 comply with the requirements of, 18.20.8 NMAC, Driving Safety Schools, the rule adopted by the Traffic Safety Division regarding the Driving Safety School program.

Signed: _____

- The information submitted is accurate and valid. All statements sworn to in the original application are still in full force and effect.

Signed: _____

- 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.

Signed: _____

- I understand that TSD shall not renew the certificate of any driver education instructor who fails to meet the standards specified in NMAC 18.20.8.16 (E).

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: _____

- If I have not received my renewal certificate by November 1st, I will cease to instruct Driving Safety School classes until I have received a renewal certificate from the Traffic Safety Division.

Signed: _____

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: