TRAFFIC SAFETY DIVISION APPLICATION FOR



Middle-High School DRIVER EDUCATION INSTRUCTOR ORIGINAL DIPLOMA

INSTRUCTIONS FOR COMPLETING THIS FORM

PLE	EASE:
	complete this form by typing or printing legibly in black ink provide all information requested in Section 1 of the form include copies of all the required documents listed in Section 2 of the form sign and date the form in Section 3 make a copy of the completed form and required documents for your records a mail everything <i>except</i> these instructions to:
	Traffic Safety Division Attn: HS Program Manager P.O. Box 1149 Santa Fe, NM 87504-1149
•	ou have any questions concerning this application or any of the forms, please tact:
	TSD Program Manager:
	Pierrot Bendegue by telephone 505-670-3794 or email pierrot.bendegue@dot.nm.gov
	or
	by fax at 827-0431

NO TEACHER MAY TEACH DRIVER EDUCATION CLASSES IN A PUBLIC SCHOOL UNLESS AND UNTIL THE TRAFFIC SAFETY DIVISION HAS GRANTED WRITTEN APPROVAL BY ISSUING A DRIVER EDUCATION INSTRUCTOR DIPLOMA.

IF TEACHING LOCATION HAS CHANGED, PLEASE NOTIFY PROGRAM STAFF IMMEDIATELY.

PLEASE KEEP THESE INSTRUCTIONS FOR FUTURE REFERENCE.

APPLICATION FOR ORIGINAL DIPLOMA

Section: 1 – Instructor Information.

Instructor name							
Name of school where e							
Physical address of school where employed							
School phone number							
Administrators name							
Administrators email							
Instructor cell phone nui	mber						
Instructor e-mail addres	S						
Do have Internet access?			yes		no		
Instructor date of birth			<u> </u>				
Instructor driver's licens	e number						
I will teach: (check all th	at apply)					Date	
Classroom	I will attend or have completed the 40-hour Classroom training on						
Behind-the-Wheel I will attend or have completed the 40-hour Behindthe-Wheel training on							
Section: 2 - Required							
Please submit the following documents with your application:							
 A copy of the attached Request for MVD Limited Driving History form. A copy of your State Board of Education teaching license <i>or</i> waiver to teach pending licensure 							
Section: 3 – Sworn Sta	tements						
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.							
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.							

Applicant's signature Section: 5 – Administrative Signature. By my signature below, I certify, that I have rea Regulations and ensure that such rules will be school.	Date ad and obtained a copy of the NMAC Rules and followed by the above certified instructor and							
	Date							
Applicant's signature	 Date							
By my signature below, I certify, under penalty application and all accompanying documents is								
Section: 4 – Signature and Date.								
	Regulations which govern this certification from gulations can be found on the TSC website unde							
I will not instruct Driver Education Schoreceive a Driver Education Instructor certificate								
revocation or suspension of my license.								
40-5A-1 et seq. regarding paternity or child sup that failure to comply with this Act will result in revocation or suspension of my license.	• • •							

Please note that TSD requires an original at make a copy of this application for your reco	pplication for processing. C ords and submit an original	copies will not be accepted.	Please