

North Carolina Division of Motor Vehicles
School Bus and Traffic Safety Section

APPLICATION FOR LICENSE

Commercial Driver Training Instructor

This form must be submitted by ALL applicants for a Commercial Driver Training School Instructor's License

ALL APPLICANTS ARE REQUIRED TO SUBMIT A FIFTY STATE FBI BACKGROUND CHECK THROUGH SBI WITH THE APPLICATION.

FOR DEPARTMENT USE ONLY	
Audit No.	
License:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Issued License No	_____
Date Issued	_____
Date Expires	_____
Remarks:	

APPLICANT NAME: LAST	FIRST	MIDDLE	DATE of APPLICATION	
HOME ADDRESS: STREET		CITY	STATE	ZIP CODE
HOME PHONE (Area code) – (number)	NC DRIVER LICENSE NUMBER		E-MAIL ADDRESS	
BUSINESS PHONE (area code) – (number)	PLACE OF BIRTH	CITY	STATE	

EDUCATION and MILITARY SERVICE

EDUCATION <i>(Check highest grade level completed)</i>	GRADE SCHOOL	HIGH SCHOOL	COLLEGE	OTHER <i>(explain)</i>
	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/> 7- <input type="checkbox"/> 8- <input type="checkbox"/>	9- <input type="checkbox"/> 10- <input type="checkbox"/> 11- <input type="checkbox"/> 12- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>	
Have you successfully completed a course in Driver Education at an accredited college or university? <i>(If Answer is "yes" complete the following spaces)</i>		College or University	Date Course Completed	Location of College or University
YES <input type="checkbox"/> NO <input type="checkbox"/>				City STATE
Do you hold a NC Teaching Certificate?	If "YES" indicate certificate number		NUMBER	
YES <input type="checkbox"/> NO <input type="checkbox"/>				
ARE YOU A VETERAN?	DATES of SERVICE		BRANCH of SERVICE	TYPE of DISCHARGE
YES <input type="checkbox"/> NO <input type="checkbox"/>	FROM	TO		

List NAME and ADDRESS of Commercial Driver Training School at which you are (or expect to be) employed:

NAME of SCHOOL:

EMPLOYMENT

List employment experience for the last five (5) years; list the most recent position first. *(use additional paper if extra space is needed)*

E M P L O Y E R	NAME	KIND of WORK/TYPE OF BUSINESS
	ADDRESS	REASON FOR LEAVING
	DATES EMPLOYED FROM TO	DIRECT SUPERVISOR
E M P L O Y E R	NAME	KIND of WORK/TYPE OF BUSINESS
	ADDRESS	REASON FOR LEAVING
	DATES EMPLOYED FROM TO	DIRECT SUPERVISOR
E M P L O Y E R	NAME	KIND of WORK/TYPE OF BUSINESS
	ADDRESS	REASON FOR LEAVING
	DATES EMPLOYED FROM TO	DIRECT SUPERVISOR

CONTINUE on REVERSE SIDE

QUESTIONS

You must answer each of the following questions "YES" or "NO." All questions answered "YES" must be explained in the explanation area provided at the bottom/end of this application.	YES	NO
1. Have you ever been known by any name other than the one shown in the personal history section?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of a felony or misdemeanor under the laws of this state, another state, or the United States?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever completed or are you currently enrolled in rehabilitative drug or alcohol treatment program and if so proof of same?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been convicted of perjury or making of any false statements relating to any portion of the NC Motor Vehicle Law?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of any traffic violations other than parking violations?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do currently have a charge pending or are you under indictment in any court, for any charge or crime?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your license to drive in NC or any other state ever been refused, cancelled, suspended, or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has your commercial driver training school instructor's license ever been denied, cancelled, suspended, or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there any judgments pending or otherwise against you that are unsatisfied?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you given driver training instruction for compensation or hire within the past twelve (12) months?	<input type="checkbox"/>	<input type="checkbox"/>

EXPLANATION OF THE PREVIOUS QUESTIONS ANSWERED "YES." USE ADDITIONAL SHEETS IF EXTRA SPACE IS NEEDED AND ATTACH.

INSTRUCTOR TRAINER LICENSE APPLICATION

To be filled out by those applying for certification as trainers of instructors. See Rules and Regulations, Section .0501 (c).

EXPERIENCE: I certify that I have worked as an active license instructor in driver education for the following schools:			
SCHOOL	CITY/STATE	DATES WORKED	
			to
SCHOOL	CITY/STATE	DATES WORKED	
			to

OBSERVATION	CLASSROOM OBSERVATION (s) MADE <i>(at least two (2) hours)</i> DATE (s): ; ; ; <hr/> ROADWORK OBSERVATION (s) MADE <i>(at least two (2) hours)</i> DATE (s): ; ; ;
RECOMMENDATION	DRIVER EDUCATION PROGRAM SPECIALIST

ATTACH A CHECK OR MONEY ORDER IN THE AMOUNT OF SIXTEEN (16.00) DOLLARS MADE PAYABLE TO NORTH CAROLINA DIVISION OF MOTOR VEHICLES TO COVER THE PROCESSING FEES FOR THIS APPLICATION.

THE UNDERSIGNED SWEARS (AFFIRMS) THAT THEY HAVE READ THE ENTIRE FOREGOING PERSONAL HISTORY SCHEDULE; THAT THEY KNOW THE CONTENT THEREOF; AND THAT ALL ANSWERS, STATEMENTS, AND OTHER INFORMATION PROVIDED WITH REGARD TO THIS APPLICATION IS TRUE IN SUBSTANCE AND FACT.

APPLICANT SIGNATURE: _____

TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEL A MATERIAL FACT IN THE APPLICATION IS A CRIMINAL OFFENSE AND MAY RESULT IN THE REVOCATION OF YOUR COMMERCIAL DRIVER TRAINING SCHOOL LICENSE.