

## Checklist for Driver Education Instructor Renewal

- Instructor Application filled out and signed by applicant and certifying school.
- Receipt for Fingerprinting.
- Letter from certified school stating the instructor has taught at least 30 hours in the last 2 years and is in compliance with all rules and regulations regarding the program.
- Documentation of continuing education in the last two years.

**Application For Approval**

**MUST PROVIDE SEPARATE FORM FOR EACH PROGRAM**  
**(Please complete both sides of the application. Print in ink.)**

- |                                                                            |                                                                     |
|----------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Apprentice Permit - \$25.00                       | <input type="checkbox"/> Permanent Instructor - \$135.00            |
| <input type="checkbox"/> Instructor License Renewal - \$135.00             | <input type="checkbox"/> DIP Instructor                             |
| <input type="checkbox"/> Corrected Instructor/Apprentice License - \$20.00 | <input type="checkbox"/> 3 Hour Alcohol & Drug Education Instructor |
| <input type="checkbox"/> Duplicate Instructor/Apprentice License - \$20.00 | <input type="checkbox"/> OTHER: _____                               |

Name of School or Provider \_\_\_\_\_ School ID or Provider # \_\_\_\_\_ Instructor Number if applicable \_\_\_\_\_ Exp date \_\_\_\_\_

**Applicant Information: (Name & Address must match your Driver's License)**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_ Phone Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Exp Date \_\_\_\_\_ State Issued \_\_\_\_\_

**Yes No**

- Has your driver license or privilege to operate a motor vehicle ever been revoked, suspended, cancelled or refused, in this or any other state or District of Columbia? If yes when (mm-dd-yy) \_\_\_\_\_ and where (state) \_\_\_\_\_ ?
- Are you at least 21 years of age and have you held a driver's license for the last three (3) consecutive years?
- Have you ever been convicted of any violation of the law, other than traffic violations? If yes, please explain in additional informational section or attach a separate sheet of paper.
- Are you currently employed by the State of Maryland? If so, what agency? \_\_\_\_\_

**RENEWAL APPLICANTS ONLY**

**Yes No**

- I certify that in the past two years that I have satisfactorily completed a minimum of 8 hours of professional development approved by the Administration. **Please provide supporting documentation from program that was completed.**
- I certify that I have been observed and evaluated at least 2 times in the last two years by the owner of the school, or another school official.

**Certification of School**

- I certify that the aforementioned individual has in the last 2 years taught a minimum of 30 hours of programs courses.

Certifying School number \_\_\_\_\_ Certifying School Official Signature \_\_\_\_\_ (Printed) \_\_\_\_\_ Date \_\_\_\_\_

**NEW FOREIGN LANGUAGE APPLICANTS ONLY**

Yes No

Are you applying to instruct Driver's Education in another language other than English?

If so, please check the appropriate box and supply the pertinent documents to certify that you are qualified to do so:

Maryland Court Certified Translator- Must supply copy badge or other certification dated within the last 30 days.

Maryland State Department of Education Certificate- Must supply copy of certificate stating language certified in.

Driver Instructional Services Division Testing

If your request requires additional information, please supply here: \_\_\_\_\_

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**Certification of Signator(s)**

It is illegal for anyone to give false or fictitious information for a Driver Instructors License, Apprentice Permit or a Remedial Program instructor's approval. Since the approval is considered part of the application, anyone who provides or certifies to a false or fictitious statement or information herein may be prosecuted and/or have his or her approval cancelled.

**Applicant Certification**

I certify, under penalty of perjury that the statements are true and correct. I am familiar with the Maryland Motor Vehicle certification laws and regulations concerning the conduct of remedial program instructors. I understand this approval is only valid while I am employed with an approved remedial program.

Applicant's Signature

Date

**School or Program Owner's Certification**

I acknowledge as owner, partner or department of education official of the licensed driver's school or Remedial Program listed that the information submitted by the applicant is true and that the applicant will be employed by me upon receipt of his/her approval.

I certify under penalty of perjury that the statements are true and correct.

Owner's Signature

Title

Date



Apply to register to vote with your driver's license transaction. For details ask your customer service representative.



**Motor Vehicle Administration**

Please complete the enclosed application and return with a Driving Record from each state in which you have held a Driver's license in the past three years other than Maryland. Accompanying the application you must also submit a receipt from the Criminal Justice Information System-Central Repository attesting that you have participated in the Live Scan fingerprint process to initiate a criminal background check of state and federal records. To assume that you are participating in the required process as outlined in COMAR 11.23.02, you must provide the following information at the Live Scan site when you report for fingerprinting.

**Legislative Authority: TR§15-804, annotated code of Maryland.  
ORI # MD920497Z (for federal records);  
CJIS authorization #0800006034 (for state records).**

Failure to provide this information at the time of fingerprinting will result in the incorrect reporting process, which will render the results of the background check invalid for the intended purpose. This will require that the process be repeated utilizing the above information. For this reason, it is strongly recommended that you take this page with you when you report for fingerprinting.

The application, driving record and criminal record check receipts must be completed and returned to the Driver Education Program at the Glen Burnie Motor Vehicle Administration room 207.

The phone number to set up an appointment for the fingerprinting and background checks is 1-888-795-0011

The locations are:

**Bel Air MVA  
Frederick MVA  
Waldorf MVA  
Salisbury MVA  
Glen Burnie MVA**

The following location has walk-in service and no appointment is needed:

**CJIS Storefront Reisterstown Road Plaza**

Using Live Scan, the turnaround time for a background check is 10 business days or less.