

IDAHO STATE DRIVING BUSINESSES LICENSURE BOARD

**Bureau of Occupational Licenses
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063**

APPLICATION FOR APPROVAL OF AN INSTRUCTOR APPRENTICESHIP TRAINING PROGRAM

Please complete this form by providing the requested information (please print). Your signature must be notarized and the appropriate application fee of \$50.00 must be attached. Submit the completed form to the address noted above. All requested information must be provided and all questions must be answered for the application to be considered.

1. Name of Business Licensee Offering Program _____ License Number DB-_____

2. Business Mailing Address _____
Street/PO Box City State Zip

3. Business phone(_____) _____ E-mail _____
(this is public record)

4. List of instructor(s) who will teach apprentices in the program (Each instructor must be licensed in Idaho and have five or more years of continuous driver education experience).

Name Street/PO Box City State Zip

Name Street/PO Box City State Zip

Name Street/PO Box City State Zip

5. The business licensee will ensure that each person who enrolls in the licensee’s apprenticeship program holds a valid apprenticeship training permit issued by the Idaho State Driving Businesses Licensure Board prior to beginning the program. [] Yes [] No

6. The business licensee has carefully reviewed Board Rule 275 (IDAPA 24.25.01.275), which discusses instructor apprenticeship training program requirements, and will comply with those requirements. [] Yes [] No

7. Please attach an outline of the business licensee’s proposed apprenticeship instruction and training program, demonstrating that the program includes at least 60 hours of classroom instruction and 108 hours of behind the wheel instruction.

AFFIDAVIT

I hereby certify under penalty of perjury that the information provided above is true and correct. I further certify that I have reviewed the Idaho Laws and Rules governing Driving Businesses and that the applicant will comply with them. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, report, record, statement, recommendation, or evidence that may have bearing on the applicant’s eligibility for or maintenance of the license for which the applicant is applying. I also hereby authorize the Bureau to release the information provided on this application about the applicant that may otherwise be protected or confidential to other governmental agencies upon request. I understand that the applicant must keep the Bureau current on all information the applicant provided to it in connection with this application and licensure and that the applicant must promptly notify the Bureau in writing of any change that occurs. I sign this affidavit and application below as the applicant (if the applicant is a natural person) or, if the applicant is a business entity, as an agent of the applicant that is authorized to make and sign this application on the applicant’s behalf.

Printed Name

Signature

State of _____, County of _____, ss

Subscribed and sworn before me this _____ day of _____, 20 ____

(seal)

Notary Public official signature
my commission expires _____