

IDAHO STATE DRIVING BUSINESSES LICENSURE BOARD

**Idaho Bureau of Occupational Licenses
700 West State Street, Boise ID 83702 or
P.O. Box 83720, Boise ID 83720-0063**

Phone: (208)-334-3233 Fax: (208) 334-3945

Website: www.ibol.idaho.gov E-mail: drb@ibol.idaho.gov

APPLICATION FOR DRIVING BUSINESS LICENSE

Please note that according to Section Idaho Code § 54-5405, the business must be licensed to operate. A driving business license is not transferable. The business licensee must conspicuously display the license at the business's principle classroom location.

Please complete this form by providing the requested information (please print - note the attached instructions). Your signature must be notarized and the appropriate fees 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. *Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122.

I hereby apply for an Idaho driving business license under Title 54, Chapter 54, Idaho Code. I submit the following information in support of my application:

1. Applicant's Legal Name _____
(This is the person/entity to be issued the license)

2. Assumed Business Name, if any _____
(Applicant must provide if it will offer drivers education under any name other than the legal name listed in No. 1 above)

3. Social Security Number (if Sole Proprietor) or Federal Tax Identification Number _____
*Not a public record; collected by I.C. § 73-122

4. Business Mailing Address _____
Street/PO Box City State Zip
(This address will be the address of record used by the Board/Bureau for all written communications with the licensee)

5. Is this an application for a second location where the licensee will conduct driver education for more than 60 days? () Yes () No

6. How is the classroom instruction provided? () Online Only
() Classroom Only
() Classroom and Online

(If the instruction is in a classroom complete the information in a. and b. below. Otherwise skip to question 7.)

a. Address of Principal Classroom Location _____
(If different from 4, above.) Street City State Zip
(A driving business license enables a licensee to have one principal classroom location)

b. Address(es) of Any Secondary Classroom Location(s) (i.e., any other location at which the licensee will conduct driver education for sixty or fewer days in a one year period. Attach separate sheets, if necessary)

_____ Street City State Zip

_____ Street City State Zip

7. Business Phone (_____) _____ **Fax**(_____) _____ **E-mail** _____

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(continued)

8. If the applicant is a corporation, identify its shareholders having a 25% or greater ownership interest and its officers. If applicant is a limited liability company, identify its members and managers. If it is a partnership, identify its partners. (Please use a separate sheet of paper is necessary)

Name	Street/PO Box	City	State	Zip	relationship to applicant
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Name	Street/PO Box	City	State	Zip	relationship to applicant
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Name	Street/PO Box	City	State	Zip	relationship to applicant
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9. Has the applicant, any person identified in No. 8 above, or any listed instructor (instructor list must be attached) ever:

a. Had any license, certificate or registration to operate a driving business or to work as a driving instructor suspended or revoked in any jurisdiction? [] Yes [] No

(If Yes, a certified copy of the order of suspension or revocation must be attached and received by the Board before the application will be processed.)

b. Been convicted, found guilty, received a withheld judgment or suspended sentence in this or any other state, of any action constituting a felony or of a crime involving moral turpitude? [] Yes [] No

(If Yes, a detailed statement, a summary of the charges, the final order, and any probation or parole documentation must be attached and received by the Board before the application will be processed.)

c. Been found by a court of law or administrative board or agency to have been negligent or reckless in the practice of driver education? [] Yes [] No

(If Yes, a certified copy of the document expressing such findings must be attached and received by the Board before the application will be processed.)

10. Please arrange for the delivery of the following documents (all documents must be received before the application will be reviewed by the Board):

- Criminal History Background Check for the applicant (if a natural person) and all persons identified in No. 8 above. Please include the fingerprint card and the \$32 fee for any persons requiring a background check. (Rule 225.02)
- Certificate of Occupancy Load for each classroom location identified in No. 5.a. and b., above for a business that offers classroom instruction in a physical location. (school buildings, government buildings and/or churches or synagogues are exempt)-- this form can be obtained and completed through your local City Hall or Fire Department (Rule 225.03)
- List of all vehicles that the business will utilize in offering driver's education (Rule 225.06)
- Annual Vehicle Inspection form for each listed vehicle (Rule 225.06a)
- Commercial Certificate of Insurance for automobile insurance for each vehicle with the required minimum coverage (Rule 225.04)
- List of licensed instructors employed or contracted by the business to teach driver's education (Rule 225.05)
- Copy of Course of Instruction to be used when instructing students (Rule 225.07 & 8)
- Copy of grading criteria
- Drive log form
- Application fee of \$25.00 and Initial License fee of \$125.00 (All returned checks are subject to a \$20.00 fee)

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement,

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(continued)

disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Printed Name of Applicant

Signature of Applicant

State of _____, County of _____, ss

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

(seal)

Notary Public Official Signature
My Commission Expires _____



Idaho State Police
Bureau of Criminal Identification



NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from the Bureau of Occupational Licenses on behalf of the Idaho Driving Businesses Licensure Board that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. Collection of fingerprints of individuals seeking licensure under the Idaho Driving Businesses Licensure Board is authorized by Idaho Code §54-4106. The ISP authority to collect fingerprints for criminal history checks is Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34) If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website.

http://www.isp.idaho.gov/identification/crime_history/FrequentlyAskedQuestions-CriminalRepository.html.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

I do__ do not__ want a copy of the Privacy Act Statement.

Printed Name

Signature of Applicant

Date