

**IDAHO STATE DRIVING BUSINESSES LICENSURE BOARD**

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

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

**Website: [www.ibol.idaho.gov](http://www.ibol.idaho.gov) E-mail: DRB@ibol.idaho.gov**

**APPLICATION FOR DRIVING BUSINESS LICENSE**

**Note:** Under Idaho Code Section 54-5405, “[n]o private driver training business shall be established nor shall any existing business continue to operate unless the business applies for and obtains a license from the board...” 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.

**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** \_\_\_\_\_

**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. Business Physical Address** \_\_\_\_\_  
(if different from no. 4, above) Street City State Zip

**a. Address of Principal Classroom Location** \_\_\_\_\_  
(if different from 5, 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

**6. Business Phone** (\_\_\_\_\_) \_\_\_\_\_ **Fax**(\_\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_

**7. 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

\_\_\_\_\_  
Name Street/PO Box City State Zip relationship to applicant

\_\_\_\_\_  
Name Street/PO Box City State Zip relationship to applicant

**APPLICATION FOR DRIVING BUSINESS LICENSURE**

(continued)

**8. Has the applicant, any person identified in No. 7 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, 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.)

**9. Please arrange for the delivery of the following documents (all documents must be received before the application will be processed):**

- Criminal History Background Check for the applicant (if a natural person) and all persons identified in No. 7 above. (Rule 225.02)
- Certificate of Occupancy Load for each classroom location identified in No. 5.a. and b., above. (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)
- Certificate of 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)
- Copy of grading criteria
- Drive log form
- Application fee of \$50 and Initial License fee of \$500 (All returned checks are subject to a \$20.00 fee)

**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 \_\_\_\_\_



**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](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