

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 Email: drb@ibol.idaho.gov

APPLICATION FOR DRIVING INSTRUCTOR LICENSE

Please complete this form by providing the requested information. Your signature must also be notarized. Submit the completed form and payment of fees to the address noted above. Please note the Board will not review incomplete applications, including applications submitted without the required fee(s).

The initial application fee of \$50.00 and the \$50.00 original license fee must be submitted with this application.
(all returned checks are subject to a \$20.00 fee)

I hereby apply for an Idaho driving business instructor license under Title 54, Chapter 54, Idaho Code:

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____

(This will be a public record) Street/PO Box City State Zip

3. Mailing Address _____

Street/PO Box City State Zip
(The above address is not a public record unless no address of record is provided above)

4. Business Phone (_____) _____ **Home Phone** (_____) _____ **Date of Birth** ____/____/____
(This is a public record and is required by Rule 250.01) (This is not a public record) mm dd yyyy

5. Social Security No. ____/____/____ **E-mail** _____

6. Do you hold a valid driver's license and a satisfactory driving record from the jurisdiction from which the license was issued? (If yes, attach copies of your license and driving record) [] Yes [] No

7. Have you graduated from a high school, an accredited college or university, or obtained a GED? [] Yes [] No
(If yes, you must provide written documentation)

8. Have you submitted to a current, fingerprint-based criminal history check of the Idaho central criminal database and the Federal Bureau of Investigation criminal history database? [] Yes [] No
(If no, please include a completed fingerprint card along with an additional \$37.00 processing fee when submitting this application)

9. Do you hold a medical current certificate completed within two years preceding this application? [] Yes [] No
(If yes, a copy of the medical affidavit or certificate must be attached)

10. Have you had any license, certificate or registration 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 and documentation of current status must be received before your application will be processed)

11. Have you ever been convicted, found guilty, received a withheld judgment or suspended sentence in this or any other state or country, of any felony or 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 received before your application will be processed)

12. Have you ever 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 making such findings and additional documentation of current status must be received before your application will be processed)

(continued)

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(continued)

13. Please mark the requirement under which you are applying (mark only one):

____ a. **Have completed a Board approved apprenticeship training program within the last five (5) years. Please you're your apprentice permit number here:** _____ (This office must receive a certificate of completion); **or**

____ b. **Hold a current unrestricted driving instructor license from another state that is equivalent to an Idaho driver instructor license in its qualifications and scope of practice.**
(This office must receive certification of licensure directly from the issuing authority. You must also provide documentation verifying requirements for the driving instructor license); **or**

____ c. **Have an active and unrestricted public driver education instructor license issued by the Idaho State Department of Education for at least two (2) years.**
(This office must receive proof of licensure. Please provide the form at the end of this document to the State Department of Education for verification.)

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

- Copy of diploma, transcripts or GED
- Copy of a valid driver's license
- Copy of a satisfactory driving record
- Copy of a medical certificate with the examination occurring within two years of the application (please DO NOT attach the full medical report, just the certificate)
- If you answered 'No' to question #8;** Completed fingerprint card for submission to an FBI fingerprint criminal history check and an additional payment of \$37.00 for the processing fee
- If you answered 'Yes' to question #10, 11 or 12;** Documentation as it relates to the question(s) for which you answered Yes.
- Documentation as it relates to your answer for **question #13**

AFFIDAVIT

I hereby certify under oath, that I am the person named on this application and; that I am a United States citizen or a legal permanent resident or that I am otherwise lawfully present in the United States and; that all statements herein and on the attached addendum(s) and documentation are true and correct to the best of my knowledge; and that I have read and will conform to the Laws and Rules governing the profession for which I am seeking authority to practice and; I hereby agree that providing this affidavit or violation of any such laws or rules shall constitute cause sufficient for denial, suspension, cancellation or revocation of any authority that may be granted to me. I also hereby 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, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested by about me that may otherwise be otherwise protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application .

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



STATE OF IDAHO

BUREAU OF OCCUPATIONAL LICENSES

700 West State Street
P.O. Box 83720
Boise, Idaho 83720-0063
(208) 334-3233
FAX (208) 334-3945
E-Mail ibol@ibol.idaho.gov
Website www.ibol.idaho.gov

THE IDAHO STATE DEPARTMENT OF EDUCATION VERIFICATION OF LICENSURE FOR DRIVING BUSINESS INSTRUCTOR

INSTRUCTIONS: If you are applying under license method C on the application as a public driver education instructor, please complete the top portion of this form. Submit the form to the Idaho State Department of Education to complete the bottom portion of the form.

This portion is to be completed by you, the applicant:

Full Name: _____

School District Name and Address: _____

Public Driving Instructor Authorization issued from: _____ to: _____

I, _____ (print name), hereby request and authorize the Idaho State Department of Education to complete the bottom portion of this form and transmit it directly to the Idaho Bureau of Occupational Licenses.

Applicant Signature: _____ Date: _____

This portion below is to be completed by the Idaho State Department of Education:

Is the above Public Driving Instructor Authorization of the applicant current? Yes No

Has the above Public Driving Instructor Authorization remained active for two (2) years prior to the date of signature below? Yes No

Name (please print name): _____

Signature: _____

OFFICIAL SEAL

Title: _____

Date: _____

State Driving Business Licensure Board Rule 250.08(b) states: An applicant who has held an active and unrestricted public driver education instructor license issued by the Idaho State Department of Education for at least two (2) years shall qualify for a waiver of the apprenticeship training program requirement. The applicant is responsible to provide proof to the Board that they hold a current unrestricted Idaho public driver instructor license.