

#### TRAFFIC SAFETY DIVISION APPLICATION FOR

DRIVER EDUCATION SCHOOL ORIGINAL LICENSE

#### INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Before completing this application please review the Rules and Regulations pertaining to licensing, NMAC 18.20.3. The Rules and Regulations can be found on the TSC website under the Licensing tab and Driver Education School Forms. Your signature below will verify that you have taken this action

complete this application on your computer by using the TAB key or mouse to advance between fields and then print it out, <b>or</b> by typing, <b>or</b> by printing legibly in black ink
provide all information requested in Sections 1 to 5 of the application form include copies of all the required documents listed in Section 6 of the application form
initial each statement in Section 7 of the application form sign and date the application in Section 8 of the application form make a copy of the completed application and required documents for your records mail original documents to:
University of New Mexico Transportation Safety Center – Licensing Section MSC07 4030 1 University of New Mexico Albuquerque, NM 87131-0001

If you have any questions concerning this application or any of the forms, please contact:

☐ The UNM Transportation Safety Center (TSC) by email at: TSCdriverprograms@unm.edu , or by telephone at 505-277-8771 or 505-277-0961.

#### WHAT HAPPENS ONCE YOU SUBMIT THIS APPLICATION?

The University of New Mexico, Transportation Safety Center (TSC), on behalf of the NMDOT Traffic Safety Division (TSD), will review your application within 15 days to determine if it is complete. Applications will be reviewed in the order in which they are received. Applications will not be considered complete until TSC receives all required documents, including the MVD and DPS reports.

If the application is **not** complete, the TSC will contact you regarding the missing information or documents. If the TSC does not receive the missing information or documents within 30 days of the date the application was received, your application will be considered inactive. You may resubmit a complete application at any time.

If the TSD does not approve your application, you will receive a letter stating the reasons why it was not approved. If the reasons can be resolved, you may resubmit your application.

the	e i SL	I conditionally approves your application, the TSC will notify you to submit:					
	a certificate of insurance that meets the requirements of subsection 18.20.3.13D of						
	the r	rule					
		rety bond that meets the requirements of paragraph 18.20.3.10B(4) of the rule					
	a ch	eck made payable to <i>Traffic Safety Division</i> in the amount of					
		\$400.00 if you file your application between July 1 and December 31 (for					
		licenses valid more than six months)					
		\$200.00 if you file your application between January 1 and June 30 (for					
		licenses valid less than six months).					
		plus \$35.00 for each extension site regardless of filing date					

Once the TSC receives the insurance certificate, surety bond, and license fees, TSC will issue your Driver Education School license on behalf of the Traffic Safety Division.

NO PERSON MAY OPERATE A DRIVER EDUCATION SCHOOL UNLESS AND UNTIL THE TRAFFIC SAFETY DIVISION HAS GRANTED WRITTEN APPROVAL BY ISSUING A DRIVER EDUCATION SCHOOL LICENSE.

> PLEASE KEEP THESE INSTRUCTIONS FOR FUTURE REFERENCE.

## APPLICATION FOR ORIGINAL DRIVER EDUCATION SCHOOL LICENSE

## **Section 1 – Driver Education School Information**

School Name	
(as it appears on business license)	
School Physical Address	
Street Address, City, State, Zip Code	
School Mailing Address	
(if different from physical address)	
Street Address, City, State, Zip Code	
Toll-Free Telephone Number	
Local Telephone Number(s)	
Fax Number	
E-mail Address	
Do you have Internet access?	yes no
Web Address (if applicable)	
School Program Type	37 Hour 56 Hour
Name of School Owner/Operator:	
(responsible for compliance with	
state law)	
Name(s) that appear on business	
license:	
Address of owner/operator	
Telephone number of	
owner/operator	
Date of Birth for School Operator:	Social Security #
Email address of owner/operator	
I am also filing a separate application	to be an Instructor  yes  no
Our school provides range driving (inc	clude location
where conducted):	
Section 2 – References	
Please provide three (3) character and	d employment references. At least one of the
references must be a present a	and past employer. Family members
may not be used as references	
<u></u>	
1 Name	
Street Address, City, State	
and Zip Code	
Telephone Number	
Relationship	
2 Name	

	Street Address, City, State	
	and Zip Code	
	Telephone Number	
	Relationship	
3	Name	
	Street Address, City, State	
	and Zip Code	
	Telephone Number	
	Relationship	

## **Section 3 – List of Extension Sites**

Site ID	City	Street Address	Telephone
Site A			
Site B			
Site C			
Site D			
Site E			
Site F			

### **Section 4 – List of Instructors**

	Name	Telephone	Will teach:		Site ID*
			Classroom	Behind-the- Wheel	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

<sup>\*</sup> use M for the main site or the site ID letter from section 3 above for extension sites

# Section 5 – List of Vehicles Used for Behind-the-Wheel Driving Instruction

	Year	Make	Model	Color	Vehicle License Plate Number	Site ID*	Current Mileage
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

<sup>\*</sup> use M for the main site or the site ID letter from section 3 above for extension sites

# **Section 6 – Required Documents**

Please submit the following documents with this application:

☐ A completed Request for MVD Limited Driving History form. This form can be found on the TSC website in the Driver Education School Forms list. This will enable TSC to obtain the applicant's limited driving history directly. The applicant's original signature is required (if the applicant has submitted an MVD request form with an instructor's certificate application, the applicant does not need to submit it with this application);
□ A completed Authorization for Release of Information by DPS form. This form can be found on the TSC website in the Driver Education School Forms list. This will enable the TSC to obtain the applicant's state criminal background check directly from DPS. The applicant's original signature is required. <i>This form must be notarized and accompanied by a check for \$15.00 made payable to the Department of Public Safety</i> (if the applicant has submitted a DPS request form with an instructor's certificate application, the applicant does not need to submit it with this application);
☐ If you have ever been convicted of or pleaded guilty or no contest to a misdemeanor, traffic misdemeanor or felony, a separate sheet and supporting documentation explaining why each such conviction or plea should not disqualify you from obtaining a license under paragraph 18.20.3.10 A;

u	A copy of the Certificate of Maximum Occ Fire Marshal stating the maximum occupa room used for instruction at the main or a	ncy allowed by the fire cod	
	A copy of the applicant's resume indicatin	g a school and/or work his	tory;
	A schedule of fees applicable to students	who enroll in the program;	
	A copy of the written refund policy issued	to each student upon enro	llment;
	A copy of the Business License for main s different city);	site (and extension sites lo	cated in a
	NM GRT (EIN) identification number;		
	A copy of the written policy for rescheduling upon enrollment; and	ng missed classes issued t	o each student
	A copy of the proposed:  □ curriculum □ outline of course □ handouts □ list of videos (provided on our website a □ student report form that complies with s □ driving log form that complies with parag □ 50 final examination questions that complies	ubsection 18.20.3.15D of t graph 18.20.3.13E(2)	
	ction <b>7 - Sworn Statements</b> my initials beside each statement, I, t:	d/b/a/	, certify
	I have obtained a copy of, have read, a requirements of, 18.20.3 NMAC, Drive the Traffic Safety Division regarding D	r Education Schools, the re	
	I understand that failure to comply with grounds for suspension or revocation or issued to me or to the school by the Tr	of the Driver Education Sch	
	I understand that as the owner of the a responsible for complying with all the so under New Mexico statutes and regulat	chool's obligations and res	

	by the Traffic Saf	ety Division to opera	ate a drive	o any person who is not licensed r education school; and I will only dvance notice to the Traffic Safety
		ation School main si uirements of the Am		ension sites I operate meet the ith Disabilities Act.
	•	o will serve as Drive atisfy all requiremen		n Instructors are certified ule.
	40-5A-1 et seq. understand that	regarding paternity	or child su th this Act	bility Act, NMSA 1978, Section pport proceedings and will result in denial of my license.
	•	a Driver Education ne Traffic Safety Div		New Mexico until I have received
Section	n 8 – Signature a	and Date		
	olication and all a			ury, that the information given in ue to the best of my knowledge
Applica	ınt's signature			Date
		s an original application on for your records and s		ing. Copies will not be accepted. Please iginal.
TSC R	eview by			Date
NMDO <sup>*</sup>	T TSD			Date
Approv	ved □	Denied □	Date	e
Review	ver's Comments:			