INSTRUCTIONS FOR COMPLETING THIS FORM

PLEASE:

- complete this form by typing or printing legibly in black ink
- provide all information requested in Section 1 of the form
- include copies of all the required documents listed in Section 2 of the form
- sign and date the form in Section 3
- make a copy of the completed form and required documents for your records
- mail everything except these instructions to:

  Traffic Safety Division
  Attn: HS Program Manager
  P.O. Box 1149
  Santa Fe, NM 87504-1149

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

- TSD Program Manager:
  Jonathan Fernandez by telephone 505-827-5562 or email jonathanm.fernandez@state.nm.us

  or

- by fax at 827-0431

NO TEACHER MAY TEACH DRIVER EDUCATION CLASSES IN A PUBLIC SCHOOL UNLESS AND UNTIL THE TRAFFIC SAFETY DIVISION HAS GRANTED WRITTEN APPROVAL BY ISSUING A DRIVER EDUCATION INSTRUCTOR DIPLOMA.

IF TEACHING LOCATION HAS CHANGED, PLEASE NOTIFY PROGRAM STAFF IMMEDIATELY.

➢ PLEASE KEEP THESE INSTRUCTIONS FOR FUTURE REFERENCE.
APPLICATION FOR RENEWAL DIPLOMA

Section: 1 – Instructor Information.

<table>
<thead>
<tr>
<th>Instructor name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of school where employed</td>
<td></td>
</tr>
<tr>
<td>Physical address of school where employed</td>
<td></td>
</tr>
<tr>
<td>School phone number</td>
<td></td>
</tr>
<tr>
<td>Administrators name</td>
<td></td>
</tr>
<tr>
<td>Administrators email</td>
<td></td>
</tr>
<tr>
<td>Instructor cell phone number</td>
<td></td>
</tr>
<tr>
<td>Instructor e-mail address</td>
<td></td>
</tr>
<tr>
<td>Do have Internet access?</td>
<td>☐ yes ☐ no</td>
</tr>
<tr>
<td>Instructor date of birth</td>
<td></td>
</tr>
<tr>
<td>Instructor driver’s license number</td>
<td></td>
</tr>
</tbody>
</table>

I will teach: (check all that apply)  
☐ Training  
☐ Recertification Training  

Date:  
I attended the 40 hour New Instructor Training on  
I attended the 8 hour Recertification Training on

Section: 2 – Required Documents.

Please submit the following documents with your application:

☐ A copy of the attached Request for MVD Limited Driving History form.
☐ A copy of your State Board of Education teaching license or waiver to teach pending licensure

Section: 3 – Sworn Statements

By my initials beside each statement, I certify that:

_____ I have obtained a copy of, have read, and agree to comply with the requirements of, 18.20.3 NMAC, Driver Education Schools, the rule adopted by the Traffic Safety Division regarding the Driver Education School program.

_____ I understand that failure to comply with the requirements of the rule shall be grounds for suspension or revocation of any certificate issued to me by the Traffic Safety Division.

_____ I am in compliance with the Parental Responsibility Act, NMSA 1978, Section 40-5A-1 et seq. regarding paternity or child support proceedings and understand that failure to comply with this Act will result in denial of my application or revocation or suspension of my license.
_____ I will not instruct Driver Education School classes in New Mexico until I receive a Driver Education Instructor certificate from the Traffic Safety Division.

Please obtain and read the NMAC Rules and Regulations which govern this certification from Program staff or this link: http://transportation.unm.edu/assets/2009-DRED 18.20.3-updated.pdf.

Section: 4 – Signature and Date.

By my signature below, I certify, under penalty of perjury, that the information given in this application and all accompanying documents is true to the best of my knowledge and ability.

__________________________________________     _________________________
Applicant’s signature                                                                   Date

Section: 5 – Administrative Signature.

By my signature below, I certify, that I have read and obtained a copy of the NMAC Rules and Regulations and ensure that such rules will be followed by the above certified instructor and school.

__________________________________________     _________________________
Administrator’s signature      Date

Please note that TSD requires an original application for processing. Copies will not be accepted. Please make a copy of this application for your records and submit an original.