** TRAFFIC SAFETY DIVISION APPLICATION FOR**

**DRIVER EDUCATION INSTRUCTOR**

**ORIGINAL**

**CERTIFICATE**

**INSTRUCTIONS FOR COMPLETING THIS APPLICATION**

Before completing this application please review the Rules and Regulations pertaining to certification, 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
* if completing by hand, please print legibly in black ink (if your application is unreadable, it will be denied and returned)
* provide all information requested
* include copies of all the required documents
* initial each sworn statement that indicates you understand and will abide by all requirements
* sign and date the application
* make a copy for your records
* mail all original documents to:

 **University of New Mexico**

 **Transportation Safety Center**

 **4400 Alameda Blvd NE**

 **Suite A**

 **Albuquerque, NM 87113**

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 505-328-9338.

**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 the 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 your 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.

Upon completion of your application, TSC will notify you to submit a check made payable to *Traffic Safety Division* in the amount of:

* $50.00 if you file your application between July 1 and December 31 (for certificates valid more than 6 months)
* $25.00 if you file your application between January 1 and June 30 (for certificates valid less than six months)

Once the certificate fee is received and the TSD has granted approval, the TSC will issue your Driver Education Instructor certificate on behalf of the Traffic Safety Division.

**NO PERSON MAY INSTRUCT A DRIVER EDUCATION SCHOOL CLASS UNLESS AND UNTIL THE TRAFFIC SAFETY DIVISION HAS GRANTED WRITTEN APPROVAL BY ISSUING A DRIVER EDUCATION INSTRUCTOR CERTIFICATE.**

* ***PLEASE KEEP THESE INSTRUCTIONS FOR FUTURE REFERENCE.***

**APPLICATION FOR ORIGINAL INSTRUCTOR CERTIFICATE**

**Section 1 – Instructor Information**

|  |  |
| --- | --- |
| Instructor Name  |       |
| Mailing Address (Street Address, City, State, Zip Code) |       |
| Telephone Number(s) |       |
| E-mail Address  |       |
| Date of Birth  |       | Social Security #       |
| Name of School Where Employed |       |
| Address of School Street Address, City, State, Zip Code |       |
| School Owner/Operator |       |
| I plan to teach: (check all that apply)  | Classroom [ ]  Behind-the-Wheel [ ]  |

**Section 2 – References**

Please provide three (3) character and/or employment references. **At least one of the references must** **be a present or past employer. Family members may not be used as references.**

|  |  |  |
| --- | --- | --- |
| **1** | Name |       |
|  | Street Address, City, State, Zip Code |           , NM       |
|  | Telephone Number |       |
|  | Relationship |       |
|  |  |  |
| **2** | Name |       |
|  | Street Address, City, State, Zip Code |           , NM       |
|  | Telephone Number |       |
|  | Relationship |       |
|  |  |  |
| **3** | Name |       |
|  | Street Address, City, State, Zip Code |           , NM       |
|  | Telephone Number |       |
|  | Relationship |       |

**Section 3 – Required Documents**

Application for Driver Education Instructor Original Certificate (Revised 1/2024) Page 1

Please submit the following documents with this application:

* Applicant’s resume or related work history
* The NM limited history driving form attached must be completed with your original signature, as well as a limited history driving record from any state in which you have resided in the past ten (10) years dated no earlier than sixty (60) days before the date the application is filed with the bureau. You are responsible for obtaining any out of state records to submit with your application.
* The Authorization for Release of Information by NMDPS form attached must be completed with your original signature and notarized. You will need to obtain and submit any out of state records from any state in which you have resided in the past ten (10) years dated no earlier than sixty (60) days before the date the application is filed with the bureau. ***Please include your check or money order for $15.00 made payable to the Department of Public Safety*** (if the applicant is the applying as the Owner/Operator of the school, only one DPS form needs be submitted).
* If you have ever been convicted of or pled 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 18.20.3.18 E
* The health certificate form attached and signed by a physician, dated no earlier than sixty

(60) days before the date the application is filed with the bureau. Note: if you are only applying as a classroom instruction, you only need to have Section 1 completed. If you are only applying as a Behind-the-Wheel instructor, you only need to have Section 2 completed. If you are applying for both, then both sections will need to be completed.

* If you are a licensed teacher, a copy of your current teaching license from the New Mexico Public Education Department
* If you are not a licensed teacher:
* Submit a copy of your bachelor’s degree or official transcript evidencing completion

 from an accredited college or university, and

* a resume with verifiable employment history showing a minimum of 3 years full time

 experience in driver training or a related field

* a copy of your certificate of completion of the 40-hour New Instructor Training Course sponsored by the TSD designed to teach instructional strategies, classroom management, or acquisition of teaching competencies ***or***
* a request for a waiver of this requirement from the Owner/Operator of the school where you will be employed until the next scheduled New Instructor Training Course.

Application for Driver Education Instructor Original Certificate (Revised 1/2024) Page 2

**Section 4 – 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.

\_\_\_\_\_ The information submitted is accurate and valid

\_\_\_\_\_ 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.

\_\_\_\_\_ I understand that I **must** complete the 40-hour New Instructor Training within one year of certification to be able to recertify.

**Section 5 – 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

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.

TSC Review by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NMDOT TSD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Approved Denied

Reviewer’s Comments:

Application for Driver Education Instructor Original Certificate (Revised 1/2024) Page 3

**REQUEST FOR MVD LIMITED DRIVING HISTORY**

The NMDOT Traffic Safety Division (TSD) requires a State of New Mexico, Motor Vehicle Division (MVD) Limited Driving History from applicants seeking certain licenses or certificates for any and all states in which you resided in the last five years. *\*\*For NM only, complete this form and attach to your application and TSD will obtain your driving history for New Mexico.*

**Please check the type of authorization for which you are applying:**

\_\_\_\_\_ Driver Education School Operator

\_\_\_\_\_ Driver Education School Instructor Certificate

\_\_\_\_\_ Driving Safety School Operator

\_\_\_\_\_ Driving Safety School Instructor Certificate

Please type or print legibly in black ink.

|  |  |
| --- | --- |
| **NAME**  |   |
| **ADDRESS**  |   |
| **DATE OF BIRTH**  |   |
| **DRIVER’S LICENSE NUMBER**  |   |
| **STATE OF ISSUE**   |   |
| **SOCIAL SECURITY NUMBER**  |   |
| **SIGNATURE OF APPLICANT**  |   |
| **DATE**  |   |

Mail this form to:

**UNM Transportation Safety Center**

**4400 Alameda Blvd NE, Suite A**

**Albuquerque, NM 87113**

PLEASE **DO NOT** MAIL OR FAX THIS FORM TO THE TRAFFIC SAFETY BUREAU OR THE MOTOR VEHICLE DIVISION. DOING SO WILL DELAY RECEIPT OF THE LIMITED DRIVING HISTORY AND PROCESSING OF YOUR APPLICATION.

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628

ATTN: RECORDS $15.00 PER RECORD CHECK

# AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 NAME (MUST BE PRINTED LEGIBLY) (SSN) (DOB)

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

## **TSD/TSC** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME (MUST BE PRINTED) (IF NO AGENT, PRINT “SELF”

ADDRESS: \_University of New Mexico Transportation Safety Center

 4400 Alameda Blvd NE, Suite A Albuquerque, NM 87113

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND/OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE

DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR DISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL PRESENTATIVE OR REPRESTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS “AUTHORIZATION FOR RELEASE OF INFORMATION” AND MY REQUEST CONTAINED HERIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_.

(SEAL)

**For Department of Safety Use Only**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAFFIC SAFETY DIVISION**

**HEALTH CERTIFICATE FORM**

**DRIVER EDUCATION**

Name of Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Classroom Instruction

This person is applying for certification as a driver education instructor in the State of New Mexico. The administrative rules governing this industry require that applicants submit a copy of the applicant’s health certificate signed by a physician and dated no earlier than sixty (60) days before the date the application is filed with the bureau *stating that the applicant is free from all communicable diseases.*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Physician signature Date

For Behind-The-Wheel Instruction

If the applicant will provide behind-the-wheel training, the health certificate must also state that the applicant is *free of any ailment, disease, or physical defect that causes momentary or prolonged lapses of consciousness or control, which is or may become chronic, and that the applicant is not suffering from a physical or mental disability or disease that prevents reasonable and ordinary control over a motor vehicle or that could impair the applicant's ability to drive safely or instruct student drivers*.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Physician signature Date

Physician’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicing Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 3/19/18