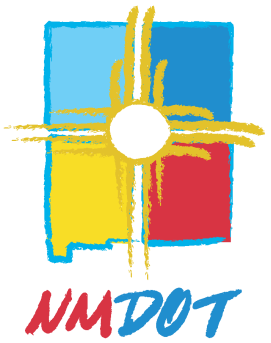
**TRAFFIC SAFETY DIVISION** **APPLICATION FOR**

**DRIVER EDUCATION SCHOOL**

**CHANGE OF ADDRESS**

Before completing this application please review the Rules and Regulations pertaining to licensing, NMAC 18.20.3, at: <http://transportation.unm.edu/assets/2009-DRED-18.20.3.pdf>. Your signature below will verify that you have taken this action. **\*\*\*Please note that applicants must provide all information requested. Incomplete applications will not be processed and will be returned to the applicant.\*\*\***

**INSTRUCTIONS FOR COMPLETING THIS APPLICATION**

* complete this application on your computer by using the TAB key or mouse to advance between fields and then print it out, ***or*** by typing, ***or*** by printing legibly in black ink
* provide all information requested in Sections 1 to 9 of the application form
* include copies of all the required documents listed in Section 6 through 7 of the application

form

* initial each statement in Section 8 of the application form
* sign and date the application in Section 9 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**

**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 Transportation Safety Center (TSC) 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 TSC receives all required documents.***

If the application is ***not*** complete, TSC will contact you regarding the missing information or documents. If the TSC does not receive the missing information or documents within 10 days of the date of contact, your application will be considered inactive and the change of address will not be approved. 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.

***NO PERSON MAY OPERATE A DRIVER EDUCATION SCHOOL AT A NEW LOCATION UNLESS AND UNTIL THE TRAFFIC SAFETY DIVISION HAS GRANTED WRITTEN APPROVAL. USE OF A NEW LOCATION PRIOR TO THE ISSUANCE OF CONFIRMATION MAY RESULT IN YOUR SCHOOL RECEIVING A NOTICE OF RULE VIOLATION OR OTHER ACTION TAKEN BY THE DIVISION PURSUANT TO NMAC RULES.***

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

**CHANGE OF ADDRESS APPLICATION FOR DRIVER EDUCATION SCHOOL**

**Section 1- Name and Address of *Current* School Location**

|  |  |
| --- | --- |
| Name of Driver Education School |  |
| Address of Driver Education School Main Site |  |
| Mailing Address of Driver Education School (if different from above) |  |
| Email Address |  |
| School Business Phone |  |

**Section 2- Name and Address of *New* School Location Submitting for Approval**

|  |  |
| --- | --- |
| Name of Driver Education School |  |
| Address of Driver Education School Main Site |  |
| Mailing Address of Driver Education School (if different from above) |  |
| Email Address |  |
| School Business Phone |  |

**Section 3- List of Extension Site(s) currently approved**

|  |  |  |  |
| --- | --- | --- | --- |
| **Site ID** | **City** | **Street Address** | **Telephone** |
| Site A |  |  |  |
| Site B |  |  |  |
| Site C |  |  |  |

**Section 4 – List of Instructors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Telephone** | **Will teach:** | | **Site ID\*** |
|  |  |  | Classroom | Behind-the-Wheel |  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

**\*** 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**

**\*** Use M for the main site or the site ID letter from section 3 above for extension sites.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Year** | **Make** | **Model** | **Color** | **Vehicle License Plate Number** | **Site ID\*** | **Current Mileage** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

**Section 6 – Required Documents**

Please submit the following documents with this application:

Certificate of Occupancy Load issued stating the Maximum Occupancy number for the site

**Section 7 – Business License**

Please submit a copy of the business license for the new location*. Please note that business licenses previously submitted will not be accepted. This must be a new license with the new address listed.*

**Section 8 – Sworn Statements**

By my initials beside each statement, I, , d/b/a/ , 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 Driver Education Schools.

\_\_\_\_\_ All statements sworn to in the original application for licensure of the main location are still in full force and effect.

\_\_\_\_\_ I continue to be the person responsible for this school’s compliance with all laws and regulations.

\_\_\_\_\_ I understand that as the owner of the applicant school I am the person responsible for complying with all the school’s obligations and responsibilities under New Mexico statutes and regulations;

\_\_\_\_\_ I understand that ownership of the school cannot be transferred to any individual;

\_\_\_\_\_ I have submitted all required reports to the Transportation Safety Center, Licensing Section.

\_\_\_\_\_ The Driver Education School main site and extension sites I operate meet the

accessibility requirements of the Americans with Disabilities Act.

\_\_\_\_\_ The persons who will serve as Driver Education Instructors meet the

requirements of the rule.

\_\_\_\_\_ 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.

**Section 9 – 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 Date

Reviewer’s Comments: