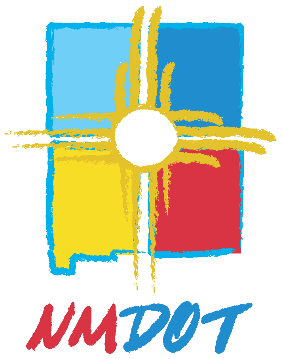
**TRAFFIC SAFETY DIVISION** **APPLICATION FOR**

**DRIVING SAFETY INSTRUCTOR**

**ORIGINAL**

**CERTIFICATE**

**INSTRUCTIONS FOR COMPLETING THIS APPLICATION**

Before completing this application please review the Rules and Regulations pertaining to licensing, NMAC 18.20.8The rules can be found on the TSC website under the Licensing tab and Driver Safety Schools. 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, ***or*** by typing, ***or*** by printing legibly in black ink
* provide all information requested in Sections 1 and 2 of the application form
* include copies of all the required documents listed in Section 3 of the application

form

* initial each statement in Section 4 of the application form
* sign and date the application in Section 5 of the application form
* make a copy of the completed application and required documents for your records
* mail all 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:

* Transportation Safety Center by telephone at 505-328-9338by or by email at [tscdriverprograms@unm.edu](mailto:tscdriverprograms@unm.edu)

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

The Transportation Safety Center (TSC), on behalf of the Traffic Safety Division (TSD), will review your application within 15 days to determine 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.

If the TSD conditionally approves your application, the TSC will notify you to submit a check made payable to ***Traffic Safety Division***in the amount of:

* $50.00 Licensing Fee

Once the TSC receives the certificate fee, the TSC will issue your Driving Safety Instructor certificate on behalf of the Traffic Safety Division.

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

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

**APPLICATION FOR ORIGINAL INSTRUCTOR CERTIFICATE**

**Section 1 – Instructor Information**

|  |  |
| --- | --- |
| Instructor Name  (as you would like it to appear on certificate) |  |
| Instructor Mailing Address (if different from Address of School Where Employed, below) | , NM |
| Instructor Telephone Number(s) |  |
| Instructor E-mail Address |  |
| Do you have Internet access? | yes   no |
| Instructor Date of Birth |  |
| Name of School Where Employed |  |
| Address of School Where Employed  Street Address, City, State, Zip Code | , NM |
| Name of School Owner/Operator | School owner/operator |
| Course Type | 6 hour  8 hour Suspended License  Safer NM |
| Instruction Setting | Classroom  Online Distance Learning |

**Section 2 – References**

Please provide three (3) character and 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**

Please submit the following documents with this application:

* A completed Request for NM MVD Limited Driving History form. This form can be found on the TSC website on the Driver Safety School Forms list. This will enable the 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) *Non-New Mexico residents must additionally provide a motor vehicle history from each state they have held a license;*
* A completed Authorization for Release of Information by DPS form. This form can be found on the TSC website on the Driver Safety School Forms list. This will enable the TSC can obtain the applicant’s state criminal background check directly. The applicant’s original signature is required. ***This form must be notarized and accompanied by a check for $15.00 made payable to the Department of Public Safety*** (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) *Non-New Mexico residents must additionally provide a criminal background check from each state in which they have resided in the past ten (10) years;*
* 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 18.20.8.10 A;
* 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 Division stating that the applicant is free from any chronic communicable diseases. *Online distance learning driving safety instructor applications do not need to submit a health certificate*;
* A copy of the applicant’s resume indicating a school and/or work history for the past 10 years;
* A copy of the applicant’s high school diploma and/or transcripts from any post-secondary educational or training institutions you have attended; ***and***
* a copy of a certificate of satisfactory completion of an Instructor Training Course sponsored or approved by the Traffic Safety Division designed to teach instructional strategies, classroom management, or acquisition of teaching competencies ***or***
* a request for variance to be temporarily exempt from the training requirement until the next scheduled Instructor Training Course (requirements for exemption requests are detailed in NMAC 18.20.8.20).

**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, 18.20.8 NMAC, Driving Safety Schools, the rule adopted by

the Traffic Safety Division regarding the Driving Safety 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 Driving Safety students in New Mexico until I have received a

Driving Safety Instructor certificate from the Traffic Safety Division.

**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.

Reviewed by (TSC)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Denied Date

Reviewer’s Comments:

Reviewed by (TSD)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Denied Date

Reviewer’s Comments: