



INSTRUCTOR ORIGINAL APPLICATION

Michigan Department of State • Driver Education Section • 430 W. Allegan St. • Lansing, MI 48918

PART A – CLASSIFICATION (S) Check all that apply.			
Adult	<input type="checkbox"/> Conditional	Instruction that is provided to a person 18-years of age or older in the operation of a motor vehicle, other than a commercial motor vehicle.	
	<input type="checkbox"/> Reapply	Previous Instructor Number	N _____
Teen	<input type="checkbox"/> Conditional	Driver training instruction provided through a segment 1 or segment 2 driver education course that allows a person 17-years of age or less to apply for a level 1 or level 2 graduated driver license.	
	<input type="checkbox"/> Reapply	Previous Instructor Number	N _____
Truck	<input type="checkbox"/> Original	Instruction that is provided to operate a commercial motor vehicle.	
	<input type="checkbox"/> Reapply	Previous Instructor Number	N _____
CDL: Group _____ Endorsement(s) _____ Restriction(s) _____			
TOTAL DUE =		\$45.00 (Check or money order made payable to the "State of Michigan")	
PART B – APPLICANT INFORMATION			
I prefer to be addressed as: <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.			
First Name	Middle Name	Last Name	Suffix
Home Address (Street, City, State, Zip Code, and County)			
Mailing Address (If different from above home address) (Street, City, State, Zip Code, and County)			
Date of Birth	Driver License Number and State of Licensure	Phone Number	Email Address
PART C – REQUIRED STATEMENT			
Has the applicant ever applied for a driver education instructor certificate in Michigan or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, was the certificate: In Good Standing <input type="checkbox"/> Denied <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/>			
PART D – STIPULATION			
The applicant agrees that legal process affecting the applicant, served on the secretary of state against the applicant or the applicant's successor in interest for a violation of this act, a rule promulgated under this act, or an order issued under this act, has the same effect as if personally served on the applicant. This appointment remains in force as long as the applicant has any outstanding liability within this state under this act (2006 PA 384).			
Printed Name of Applicant		Signature of Applicant	Date Signed
PART E – CERTIFICATION			
Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.			
<ul style="list-style-type: none"> ▪ I, hereby grant the licensing authority in any state or jurisdiction permission, to release information concerning any previous certification (license) applications, certification (license) history, and disciplinary actions or sanctions to the Department of State. ▪ I hereby certify that I do not have a pending criminal matter or an outstanding arrest, warrant, or conviction since submitting a request for my criminal history check under Section 29. ▪ I authorize the Department of State to receive and review my criminal history obtained from the Michigan State Police and the FBI. I understand that the cost of the criminal history check is my responsibility. ▪ I hereby certify that if I have a driver license issued by a state other than Michigan, I agree to submit a certified copy of my driving record to the Department of State every 60 days. ▪ I hereby affirm that I understand the Professional Development requirements prescribed by the Secretary of State for an instructor and will complete an approved course during the two years between the date the original certification was issued and the expiration date, and then each two-year renewal cycle thereafter. ▪ I hereby affirm that if I am applying for an Instructor Conditional Certificate, I WILL NOT participate in a practicum (student teach) before I receive my Instructor Conditional Certificate. ▪ With knowledge of the penalties for false statements under, but not limited to, Section 69 of the Driver Education Provider and Instructor Act [MCL 256.689, PA 384 of 2006], I hereby certify that the statements and information contained in this application are true to the best of my knowledge and belief. 			
Printed Name of Applicant		Signature of Applicant	Date Signed