

IDAHO STATE DRIVING BUSINESSES LICENSURE BOARD

Idaho Division of Occupational and Professional Licenses

11341 W. Chinden Blvd., Building #4, Boise ID 83714 or

PO Box 83720 Boise ID 83720-0063

Phone: 208-334-3233 Website: <https://dopl.idaho.gov>

E-mail: drb@dopl.idaho.gov

APPLICATION FOR APPROVAL OF AN INSTRUCTOR APPRENTICESHIP TRAINING PROGRAM

Please complete this form by providing the requested information (please print). Your signature must be notarized and the appropriate application fee of \$25.00 must be attached. Submit the completed form to the address noted above. All requested information must be provided and all questions must be answered for the application to be considered.

1. Name of Business Licensee Offering Program _____ License Number DB-_____

2. Business Mailing Address _____
Street/PO Box City State Zip

3. Business Phone (_____) _____ E-mail _____
(This number is public record) (This is not a public record; required by I.C. § 73-122)

4. List of instructor(s) who will teach apprentices in the program (Each instructor must be licensed in Idaho).

Name License Number

Name License Number

Name License Number

5. The business licensee will ensure that each person who enrolls in the licensee’s apprenticeship program holds a valid apprenticeship training permit issued by the Idaho State Driving Businesses Licensure Board prior to beginning the program.
[] Yes [] No

6. The business licensee has carefully reviewed Board Rule 275 (IDAPA 24.25.01.275), which discusses instructor apprenticeship training program requirements, and will comply with those requirements.
[] Yes [] No

7. Please attach an outline of the business licensee’s proposed apprenticeship instruction and training program, demonstrating that the program includes at least 60 hours of classroom instruction and 108 hours of behind the wheel instruction.

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Printed Name of Applicant

Signature of Applicant

State of _____, County of _____, ss

Subscribed and sworn before me this _____ day of _____, 20 ____

(seal)

Notary Public Official Signature
My Commission Expires _____