

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

DRIVING BUSINESS CURRICULUM UPDATE

INSTRUCTIONS

Please complete this form by providing the requested information and submit this along with the required documentation to the address noted above.

1. Full Name _____

2. Business License Name _____

3. Driving Business License Number _____ **Business Phone** (____) _____

4. Address of Classroom Location _____
Street City State Zip

5. Proposed Change to Curriculum _____

Online Instruction Only () Classroom Instruction Only () Online and Classroom Instruction ()

6. Please attach a syllabus and outline of the course.

I have reviewed Rule 226 and certify that this program meets the requirements. Initial here: _____.

Please Note: New curriculum may not be used until approved by the Board.

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.

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 _____