

IDAHO STATE DRIVING BUSINESSES LICENSURE BOARD
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Building #4 Boise, ID 83714 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
Email: drb@dopl.idaho.gov

APPLICATION FOR AN INSTRUCTOR APPRENTICE PERMIT

Please complete this form by providing the requested information. Your signature, and that of your instructor, must be notarized. Submit the completed form, the required documentation, and appropriate fee(s) to the address noted above. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.** Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. **Please note, an applicant may not begin the apprenticeship training program until a permit has been issued by the Board. (Please also allow time for processing of the fingerprint based criminal history check. Results must be received before the application is complete to then be reviewed by the Board.)**

The following must be submitted with your application:

- Completion of the Addendum by the licensed driving business instructor (page 3 of 4)
- A clear and readable copy of a valid driver's license
- Copy of a satisfactory driving record
- Copy of a current medical certificate with the examination occurring within two years of application (please DO NOT attach the full medical report, just the certificate)
- Completed fingerprint card for its submission to an FBI fingerprint criminal history check (**please allow 3-4 weeks for processing of the results**) ORI and Reason Fingerprinted boxes on fingerprint card must be blank.

FEES

A total of \$83.25 must be submitted with an initial application.

INITIAL APPLICATION/RENEWAL FEE	\$25.00
INSTRUCTOR APPRENTICE PERMIT FEE	\$25.00
ISP BACKGROUND CHECK PROCESSING FEE	\$33.25
RENEWAL	\$25.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.

All applicants must review the Idaho laws & rules prior to licensure. Please note that according to Idaho Code § 54-5400, you must be licensed to practice. The Board's Laws and Rules may be found at: www.ibol.idaho.gov

Please keep a copy of this application for your records.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

Note: The applicant's signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language "subscribed and sworn" must appear before the applicant's signature. An "acknowledgement" where the notary only verifies the identity of the applicant is not acceptable.

If the name on your application does not match the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

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If this is a renewal initial here: _____ and submit the required application/renewal fee of \$25.

APPLICATION FOR AN INSTRUCTOR APPRENTICE PERMIT

I hereby apply for an Idaho driving instructor apprentice permit under Title 54, Chapter 54, Idaho Code:

1. **Full Name** (Mr., Mrs., or Ms.) _____
2. **Mailing Address** _____
Street/PO Box City State Zip
(This will be the licensee's business address and the address of record used by the Board/Division for all written communications with the licensee.)
3. **Date of Birth** ____/____/____
mm dd yyyy
4. **Social Security No.** ____/____/____ **E-mail** _____
(This is not a public record; required by I.C. § 73-122.) (This is not a public record; required by I.C. § 67-2609)
5. **Business Phone** (____) _____ **Home Phone** (____) _____
(This number is a public record.) (This number is not public record.)
6. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) **Yes** **No**
7. **Have you ever:**
 - a. **Had any license, certificate or registration to work as a driving instructor suspended or revoked in any jurisdiction?**
(If Yes, a certified copy of the order of suspension or revocation must be attached and received by the Board before your application will be processed.) **Yes** **No**
 - b. **Been convicted, found guilty, received a withheld judgment or suspended sentence in this or any other state, of any action constituting a felony or of a crime involving moral turpitude?** (If Yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.) **Yes** **No**
 - c. **Been found by a court of law or administrative board or agency to have been negligent or reckless in the practice of driver education?** (If Yes, a certified copy of the document containing such findings must be attached and received by the Board before your application will be processed.) **Yes** **No**

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 _____

ADDENDUM
DRIVING BUSINESS INSTRUCTOR INFORMATION AND AFFIDAVIT

1. **Apprentice Instructor Name** _____ **License No. DBI-** _____
2. **Licensed Driving Business Name** _____ **License No. DB-** _____
3. **Principle Classroom Location Address** _____

Street/PO Box
City
State
Zip
4. **Business Phone** (____) _____ **Home Phone** (____) _____ **E-mail** _____
 (This number is a public record.)

AFFIDAVIT

I hereby certify under penalty of perjury that the information provided above is true and correct. I further certify that I have reviewed the Idaho Laws and Rules governing Driving Businesses and that the applicant will be required to comply with them. I also understand that the above named applicant cannot begin the instructor apprenticeship training program until a permit has been issued by the Driving Businesses Licensure Board.

 Signature of Supervising Instructor

State of _____, County of _____, ss.

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

(seal)

 Notary Public Official Signature
 My Commission Expires _____



Idaho State Police
Bureau of Criminal Identification



NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from the Division of Occupational and Professional Licenses on behalf of the Idaho Driving Businesses Licensure Board that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. Collection of fingerprints of individuals seeking licensure under the Idaho Driving Businesses Licensure Board is authorized by Idaho Code §54-4106. The ISP authority to collect fingerprints for criminal history checks is Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34) If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website.

http://www.isp.idaho.gov/identification/crime_history/FrequentlyAskedQuestions-CriminalRepository.html.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

I do__ do not__ want a copy of the Privacy Act Statement.

Printed Name	Signature of Applicant	Date
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**Medical Examination Report Form
for Idaho Driver Education Instructors and Apprentices**

Please DO NOT send this Medical Report to the Division of Occupational and Professional Licenses. Send only the Medical Certificate on page 7 completed by the medical examiner.

PERSONAL INFORMATION (to be filled out by the applicant)

Examination Date: _____

Last Name: _____ First Name: _____ Middle Initial _____
 Date of Birth: _____ Age: _____
 Street Address: _____ City: _____ State: _____
 Zip code: _____ Driver's License Number: _____ Issuing State: _____
 Home/Cell Phone _____ Work Phone _____
 Email: _____

HEALTH HISTORY

Are you currently taking any medications? Yes No

Medication	Dosage	Yes	No	Times per day

Have you ever had surgery? Yes No

Type of Surgery	Yes	No	Month/Year

Do you have or have you ever had: Y N Y N

Do you have or have you ever had:	Y	N		Y	N
Head/brain injury or illness			Dizziness, headaches, numbness, or memory loss		
Seizures, Epilepsy			Unexplained weight loss		
Eye problems			Stroke, paralysis, or weakness		
Heart disease, heart attack, bypass			Missing or limited use of arm, hand, leg, or foot		
Pacemaker, stents, implantable devices			Neck or back problems		
Lung disease			Bone, muscle, joint, or nerve problems		
Kidney problems			Blood clots or bleeding problems		
Stomach, liver, or digestive problems			Cancer		
Diabetes or blood sugar problems			Chronic infection or other chronic diseases		
Anxiety, depression, other mental health problems			Sleep disorders		
Fainting or passing out			Dependent on an illegal substance		

Last Name: _____ First Name: _____ DOB: _____ Exam Date: _____

TESTING

Pulse rate: _____

Blood Pressure: _____/_____

Urinalysis: _____ Sp. Gr

_____ Protein

_____ Blood

_____ Sugar

Height: _____ feet _____ inches

Weight: _____ pounds

Vision: _____ Acuity _____ Horizontal Field of Vision

Right Eye: 20/_____ Right Eye: _____ degrees

Left Eye: 20/_____ Left Eye: _____ degrees

Both Eyes: 20/_____

PHYSICAL EXAMINATION

Body System	Normal	Abnormal	Body System	Normal	Abnormal
General			Abdomen		
Skin			Genito-Urinary system		
Eyes			Back/Spine		
Ears			Extremities/Joints		
Mouth/Throat			Neurological system including reflexes		
Cardiovascular			Gait		
Lungs/Chest			Vascular System		

**** Please submit ONLY this page with your application.**

MEDICAL CERTIFICATE

Patient's Name _____ Driver's License # _____

Meets medical physical standard : that the applicant does not suffer from any physical or mental condition or disease that would impair the applicant's ability to safely instruct student drivers.

Meets standard, but periodic monitoring required (specify reason): _____

Must return for required monitoring every: 3 months 6 months 1 year

Medical Examiner's Signature: _____ Date: _____

MD DO Physician Assistant Advanced Practice Nurse Other (specify) _____

Medical Examiner's Name (please print): _____

Medical Examiner's Address: _____ City: _____ State: ____ Zip: _____