

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 DRIVING INSTRUCTOR LICENSE

Please complete this form by providing the requested information. Your signature must also be notarized. Submit the completed form and payment of fees to the address noted above. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. **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 not be processed and will be returned, which will delay licensure.**

The following must be submitted with your application - Please keep a copy of this application for your records:

- Copy of diploma, transcripts or GED
- A clear and readable color copy of a valid driver's license
- Copy of a satisfactory driving record
- Copy of a medical certificate with the examination occurring within two years of the application (please DO NOT attach the full medical report, just the certificate)
- If you answered 'No' to question #8;** Completed fingerprint card for submission to an FBI fingerprint criminal history check and an additional payment of \$33.25 for the processing fee unless occurring within two years of the application.
- If you answered 'Yes' to question #10, 11 or 12;** Documentation as it relates to the question(s) for which you answered Yes.
- Documentation as it relates to your answer for **question #14**

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.

FEES	
APPLICATION FEE	\$ 25.00
ORIGINAL LICENSE FEE	\$ 25.00
FINGERPRINT FEE (IF NEEDED)	\$ 33.25

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to IBOL. 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: <https://dopl.idaho.gov>.

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](#).

APPLICATION FOR DRIVING INSTRUCTOR LICENSE

(continued)

14. Please mark the requirement under which you are applying (mark only one):

- a. Have completed a Board approved apprenticeship training program within the last five (5) years. Please enter your apprentice permit number here: _____** (This office must receive a certificate of completion.); **or**

- b. Hold a current unrestricted driving instructor license from another state that is equivalent to an Idaho driver instructor license in its qualifications and scope of practice.**
(This office must receive certification of licensure directly from the issuing authority. You must also provide documentation verifying requirements for the driving instructor license.); **or**

- c. Have held in the past five (5) years an active and unrestricted public driver education instructor license issued by the Idaho State Department of Education and have completed eight (8) hours of continuing education within the prior year.** (This office must receive proof of eight (8) hours of continuing education within the prior year and proof of licensure. Please provide the form at the end of this document to the State Department of Education for verification.); **or**

- d. Have completed the Idaho State Department of Education driving instructor program within the past five (5) years and have completed eight (8) hours of continuing education within the prior year.** (This office must receive proof of eight (8) hours of continuing education within the prior year and proof of completing the SDE driving instructor program.)

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 _____

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.



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 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. The collection of applicant fingerprints in Idaho is authorized by 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 <https://www.fbi.gov/services/cjis/identity-history-summary-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 <https://isp.idaho.gov/bci/criminal-history/>.

**700 S. Stratford Dr., Ste. 120
Meridian, ID 83642**

Nov-19



STATE OF IDAHO

DIVISION OF OCCUPATIONAL LICENSES

P.O. Box 83720
Boise, Idaho 83720-0063
(208) 334-3233
E-Mail drb@dopl.idaho.gov
Website <https://dopl.idaho.gov>

THE IDAHO STATE DEPARTMENT OF EDUCATION VERIFICATION OF LICENSURE FOR DRIVING BUSINESS INSTRUCTOR

INSTRUCTIONS: If you are applying under license method C on the application as a public driver education instructor, please complete the top portion of this form. Submit the form to the Idaho State Department of Education to complete the bottom portion of the form.

This portion is to be completed by you, the applicant:

Full Name: _____

School District Name and Address: _____

Public Driving Instructor Authorization issued from: _____ to: _____

I, _____ (print name), hereby request and authorize the Idaho State Department of Education to complete the bottom portion of this form and transmit it directly to the Idaho Bureau of Occupational Licenses.

Applicant Signature: _____ Date: _____

This portion below is to be completed by the Idaho State Department of Education:

Is the above Public Driving Instructor Authorization of the applicant current? Yes No

Has the above named individual held within the past five (5) years an active and unrestricted public driver education instructor license? Yes No

Name (please print name): _____

Signature: _____

OFFICIAL SEAL

Title: _____

Date: _____

State Driving Business Licensure Board Rule 250.08(b) states: An applicant who has held within the past five (5) years an active and unrestricted public driver education instructor license issued by the Idaho State Department of Education and has completed eight (8) hours of continuing education within the prior year or an individual who has completed the Idaho State Department of Education driving instructor program within the past five (5) years and has completed eight (8) hours of continuing education within the prior year shall qualify for a waiver of the apprenticeship training program requirement. The applicant is responsible to provide proof to the Board that they meet the requirements herein.

Please **DO NOT** send this Medical Report to the Division of Occupational Licenses

Send only the Medical Certificate on page 8 completed by the
medical examiner

**Medical Examination Report Form
for Idaho Driver Education Instructors and Apprentices**

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	Times per day

Have you ever had surgery? Yes No

Type of Surgery	Month/Year

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: _____