



96-0329 R06/15 azdot.gov

Mail Drop 515M
 Driver Services
 Motor Vehicle Division
 PO Box 2100
 Phoenix AZ 85001-2100

PROFESSIONAL DRIVER TRAINING INSTRUCTOR APPLICATION

- Print or type
- Answer all questions
- If not applicable, enter "NA"
- If additional space is needed, attach separate sheet

Application is hereby made for a license to engage in the following Professional Driving School (PDS) activities. A \$10.00 fee is required for **each training activity**.

PDS Activities			
<input type="checkbox"/> CDL Driver Training (indicate license class: A = Class A, B and C; B = Class B and C; C = Class C only):			
<input type="checkbox"/> Truck ____	<input type="checkbox"/> Coach-Transit Bus ____	<input type="checkbox"/> School Bus ____	

Applicant Name (first, middle, last, suffix)			
Additional Names/AKA's (maiden, prior name, nickname, professional name, other)			
Residence Address		City	State Zip
Mailing Address (if different from above)		City	State Zip
Daytime Telephone ()	Date of Birth	AZ Driver License Number	Class Endorsements Expiration Date
Email Address			

Company Name (official name of licensed school where you will be an instructor)	MVD School Number
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1. Yes No Have you ever been employed by an Arizona MVD Authorized Third Party or Professional Driving School?

1a. If Yes, please complete the following, beginning with the most recent.

Company Name	Office Location	Dates Employed
Reason For Leaving		

Company Name	Office Location	Dates Employed
Reason For Leaving		

Company Name	Office Location	Dates Employed
Reason For Leaving		

1b. If Yes, mark all activities for which you were certified by MVD to perform:

Driver License Examiner <input type="checkbox"/> CDL Skills Test <input type="checkbox"/> Operator Written Test <input type="checkbox"/> Operator Road Test <input type="checkbox"/> Motorcycle Written Test <input type="checkbox"/> Motorcycle Road Test	Application Processor <input type="checkbox"/> Title and Registration <input type="checkbox"/> Driver License (Road and Written, and Application)* <input type="checkbox"/> Transport System (Permits) <input type="checkbox"/> Other (specify):	Vehicle Inspector <input type="checkbox"/> Level I only <input type="checkbox"/> Level I plus Abandoned Vehicles
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PDS Activities			
<input type="checkbox"/> Adaptive	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Operator (Class D/G)	<input type="checkbox"/> Traffic Survival <input type="checkbox"/> Commercial Driver License

2. Yes No Have any of the certifications listed in #1b ever been denied, canceled or suspended? If Yes, explain.

Explain

3. Yes No Has your driving privilege ever been suspended, revoked, canceled, disqualified or denied? If Yes, explain.

Explain

4. Yes No Within the past 5 years, have you had a **similar license revoked** in this or any other state? If Yes, complete the following.

Applicant Name (first, middle, last, suffix)	Year License Was Revoked
Business Name	
State	Country

5. Yes No Within the last 39 months, have you received a conviction related to driving under the influence of drugs or alcohol, reckless driving, aggressive driving, racing on a highway or leaving the scene of an accident? (If Yes, or if a review of your record reveals a conviction within the last 39 months, your application will be denied.)

Documentation

Submit the following with this application. **Additional information** may be required after review of this application.

1. A statement, on sponsoring school letterhead, certifying that you have:
 - a. Completed at least 100 hours of combined classroom and in-car training
 - b. No outstanding traffic warrants
 - c. Met all requirements to teach at a professional level
2. Three character references letters
3. Your driver license records covering the last 39 months. The records must be dated within 30 days of the date of this application.

Certification

I certify that all information provided is true and correct, and that the copy of the fingerprint clearance card submitted is a true and exact copy of the original. I understand that any misrepresentation or misstatement in the application may cause the application to be denied.

Applicant Signature	Date
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I hereby request certification for the above applicant. In the event that this instructor is no longer employed with this company, I will notify MVD within 10 days.

Authorized Company Name	Telephone ()	
Representative Name (first, middle, last, suffix)	Representative Signature	Date

The following portions of A.R.S. § 41-1030 are provided for your reference:

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorized the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.

This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.