

DRIVING SCHOOL - INITIAL INSTRUCTORS LICENSE APPLICATION

FEE: \$75.00

D.L. Check _____

Instructor License
Number _____

Expires _____

To be submitted to Motor Vehicle Services for the purpose of securing approval to engage in motor vehicle driving instructions by an owner, officer or employee (full or part-time) in connection with a driving school license pursuant to the provisions of 39:12 R.S.

ALL APPLICANTS ARE REQUIRED TO PASS A KNOWLEDGE TEST, VISION TEST, DRIVING INSTRUCTION TEST AND JUDGMENT OF DRIVING ABILITY TEST GIVEN BY MOTOR VEHICLE SERVICES, AND ARE REQUIRED TO SUBMIT TO FINGERPRINTING.

The Instructor applicant will complete both sides of this application.

Date _____

Print Name _____ Telephone No. _____

Resident Address _____
(Street) (City) (State) (Zip Code)

PERSONAL DESCRIPTION:

Date of Birth _____ Weight _____ Height _____ Color Eyes _____

Any Permanent physical marks? Yes _____ No _____ If so, describe _____

Do you possess a current N.J. Driver's License? Yes _____ No _____

N.J. Driver License No. _____ Expiration Date _____

Have you held a N.J. Driver License for the last four consecutive years? Yes _____ No _____

If no, give residence address in state where you were previously licensed _____

NOTE: You must submit a certified abstract of your driving record if the state of licensure is other than New Jersey, and a copy of your Drivers License.

Has your driver license privilege ever been suspended or revoked in this or any other state?

Yes _____ No _____ If yes, give particulars

Name of Driving School _____

Address of Driving School _____
(Street) (City) (State)

State your position with driving school. Owner _____ Partner _____ Officer _____ Employee _____

Have you ever applied for a Driving School Instructor License, or Driving School License in this or any other state? Yes ____ No ____

Have you ever been denied a driver's license, a driving instructor license or a driving school license in this or any other state?

Yes ____ No ____ If yes, give particulars

Have you ever been convicted of inducing another to resort to fraud or fraudulent practices in relation to securing a license to drive a motor vehicle or motorcycle? Yes ____ No ____

If yes, give particulars

Have you ever been arrested for, charged with, indicted for or convicted of any of the offenses enumerated in 13:23-2.12? Yes ____ No ____ If yes, give particulars

CIVIL AND FEDERAL OFFENSE HISTORY (INCLUDING COURT MARTIAL)
(RECORD ALL ARRESTS AND CONVICTIONS)

Date	Offense	Court Disposition	Penalty

I, THE UNDERSIGNED, DECLARE THAT I AM THE APPLICANT NAMED HEREIN, KNOW THE CONTENTS OF THIS APPLICATION, AND CERTIFY THE CONTENTS HEREIN TO BE TRUE.

(Signature of Applicant) (Date)

SCHOOL OWNER'S STATEMENT OF CONSENT

I am the owner, or partner or officer of the Driving School listed herein, and believing the information given herein is true, hereby endorse consent in the issuing of an instructor license to the applicant.

(Signature)

(Title)

(Date)

Initial instructor applicants are required to submit to tests prescribed by the Chief Administrator to determine that they possess the minimum qualifications for licensing.



Motor Vehicle Commission

Trenton, New Jersey

STATE OF NEW JERSEY
BUSINESS LICENSING SERVICES BUREAU

TO ALL AUTHORIZED AGENTS AND INSTRUCTORS

The New Jersey Motor Vehicle Commission has now established a live fingerprint scan process to streamline criminal background checks required as a condition of licensure.

As part of the Business License application process, it is required that all applicants, authorized agents or driving school instructors, proprietors, partners and corporate officers, schedule an appointment with the States private fingerprint scan vendor **MorphoTrak** (formerly Sagem Morpho, Inc.).

All you need do is call this toll free number **1-877-503-5981 (English or Spanish Operators) or TTY-1-800-673-0353 (HEARING IMPAIRED Modem Required)** to arrange an appointment to be scanned at an established site. **When scheduling your appointment, you will be asked to provide certain personal information including your driver's license and social security number.** Please make sure you have this information available when scheduling your appointment. In addition, you will be asked to provide the following Motor Vehicle Commission identification numbers:

ORIGINATING AGENCY REFERRAL NUMBER (ORI)	NJ920530Z
AGENCY CASE NUMBER	(Your Driver License Number)
CATEGORY	MVK
DOCUMENT TYPE	RB 1
STATUTE	39:12-5 and 6 COMMERCIAL DRIVING SCHOOL LICENSE

Please complete the applicant information form contained on the back of this letter. Though certain information is already filled in, you will need to supply certain personal information in blocks 9 through 26 as well as your driver's license number in block 7 which will be used as your agency case number. Please have this form filled in and present it when you appear for your appointment along with the proper photo identification as noted on the back of this letter.

After supplying this information you will be scheduled for an appointment at one of the electronic scan sites. You will be required to pay a one-time fee in the amount of **\$70.25** incorporating all required background checks. Payment must be made at the time of scheduling your appointment. **AT THE TIME OF SCANNING YOU WILL RECEIVE A RECEIPT FROM THE STATE'S VENDOR. PLEASE SUBMIT THIS RECEIPT OR A COPY THEREOF AS PART OF YOUR BUSINESS LICENSE APPLICATION PACKAGE.**

If you have any questions concerning this procedure, please contact the following area:

**NEW JERSEY MOTOR VEHICLE COMMISSION
BUSINESS LICENSING SERVICES BUREAU
DRIVING SCHOOL LICENSING SECTION
609-292-6500 ext.5094**

PLEASE BRING THIS LETTER AND PHOTO IDENTIFICATION WITH YOU WHEN YOU APPEAR TO BE FINGERPRINTED

CHILD SUPPORT CERTIFICATION FORM

Business Name

Applicant's Name (Print)

Date of Birth

Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq., responses to the questions listed below are required. Misstatements will be just cause to take administrative action including, but not limited to, denial of licensure, immediate suspension or revocation of the license.

1. Do you have a child support obligation? Yes No
2. If yes, do the arrearage amounts equal or exceed the amount of child support payable for six months? Yes No
3. Are you subject to a child-support warrant? Yes No

I certify that the foregoing responses made by me are true and I am aware that the making of false statements may subject me to contempt of court.

Signature

Date



Motor Vehicle Commission

STATE OF NEW JERSEY

(888) 486-3339 ext.5094 toll-free in NJ

(609) 292-6500 ext.5094

May 10,2001

TO: ALL DRIVING SCHOOLS

All applicants who wish to obtain an initial Driving School Instructor's license may do so on a walk in basis between the hours of 8:00 am and 11:00 am at the following Driver Testing Centers.

EATONTOWN

TRENTON

RAHWAY

WAYNE

1. All items listed on the attached checklist must be mailed to Business License Compliance Driving School Unit POB 168 Trenton, New Jersey 08666 prior to the applicant(s) appearing for the tests.
2. Written and vision test will be administered when applicant appears at the Driver Testing Center.
3. Scheduling of the road test will be made by the Driver Testing Center after the vision and written testing phase has been successfully completed. The road test may be scheduled the same day if time and staffing allows. If the road test schedule is full, the test will be scheduled on the next available day.
4. The permanent license will not be issued until we receive the results of the instructor test and fingerprint check.

BUSINESS LICENSING SERVICES BUREAU
Driving School Section