

Business Licensing Services Bureau
P.O. Box 168
Trenton, NJ 08666-0168
609-292-6500 ext. 5094

APPLICATION: SECONDARY SCHOOL DRIVER EDUCATION INSTRUCTOR ID

Initial _____ Renewal _____

Secondary school driver education instruction # _____ ; expiration date _____

Please print or type

Applicant's Name _____ Social Security Number _____

Address _____ street _____ city _____ state, zip _____ Phone Number _____

Driver License Number _____ Issuing state _____

(name and address of employing or contracting secondary school)

If you provide driver education at another secondary school, **please** specify its name here:

applicant's signature _____ date _____

This is to certify that the person named above is employed/contracted by

_____ to teach secondary school driver education.
name of school

principal's signature _____ date _____

- **A public school teacher's** initial application must be accompanied by a copy of a valid New Jersey Standard Certificate for Teacher of Driver Education; all applications must include the secondary school principal's countersignature.
- **A private or parochial school teacher's** initial application must include proof of successful completion of a Department of Education-approved three-credit course in driver education—teacher certification; all applications must include the secondary school principal's countersignature.
- **A contracted driving school instructor's** initial application—one per school—must include proof of a current service contract with a secondary school and proof of successful completion of a Department of Education-approved three-credit course in driver education—teacher certification. **A renewal application** must be submitted with proof of a current service contract with a secondary school. **All applications** must include the secondary school principal's countersignature.
- **A non-resident driver must** submit a current driver history abstract from his/her home state, and a copy of their Driver's License.

Mail this application **with** all accompanying material to the address shown above.

- **A completed** Child Support Certification.

Business Licensing Services Bureau
P.O. Box 170
Trenton, NJ 08666-0170
609-292-6500 ext. 5014
609-292-4400

CHILD SUPPORT CERTIFICATION FORM

Business Name

Applicant's Name (Print)

Date of Birth

Social Security Number

*You must disclose your social security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure.

Pursuant to N.J.S.A. 54:50-25 et seq. of the New Jersey taxation law and N.J.S.A. 2A:17-56.7a et seq. of the New Jersey Child Support Program Improvement Act, the licensing agency to which this form is submitted is required to obtain your Social Security number. Pursuant to these authorities, the licensing agency is also obligated to provide your Social Security number to:

- a. The Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law, updating, and correcting tax records;

and
- b. The Probation Division or any other agency responsible for child support enforcement, upon request.

Under the provisions of N.J.S.A. 2A:17-56.7a et seq., responses to the questions listed below are required. Intentional misstatements may result in administrative action including, but not limited to, denial of licensure, immediate suspension or revocation of the license, or criminal prosecution.

1. Do you have a child support obligation? Yes No

2. If yes, does the amounts in arrears 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 if any of the foregoing statements are willfully false, I am subject to penalty.

Signature

Date