

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF DRIVER LICENSES  
BUREAU OF DRIVER EDUCATION AND DUI PROGRAMS

**APPLICATION FOR AN INSTRUCTOR OR AGENT CERTIFICATE FOR  
COMMERCIAL DRIVING SCHOOL**

This form is to be used for original and renewal applications for the purpose of securing approval to engage in motor vehicle driving instruction, by the individual employee of a commercial driving school for instructor or agent certification in accordance with the provisions of Chapter 488, Florida Statutes and the Contractual Agreement for Commercial Driving School Instructors and Agents.

This form and all required documentation and fees are to be submitted to:  
Department of Highway Safety and Motor Vehicles  
Bureau of Driver Education and DUI Programs  
Neil Kirkman Building, Mail Stop 88  
2900 Apalachee Parkway  
Tallahassee, Florida 32399-0570

**THIS APPLICATION MUST BE COMPLETE WITH ALL REQUIRED DOCUMENTS AND FEES ATTACHED PRIOR TO SUBMISSION TO THIS OFFICE.**

**A RENEWAL APPLICATION RECEIVED LESS THAN 45 DAYS FROM THE EXPIRATION DATE WILL NOT BE ACCEPTED BY THE DEPARTMENT AND THE CERTIFICATE WILL NOT BE RENEWED. IN SUCH CASE A COMMERCIAL DRIVING SCHOOL INSTRUCTOR OR AGENT MUST SUBMIT AN ORIGINAL APPLICATION FOR CERTIFICATION.**

O = Original Application R = Renewal Application B = Both

All fees are due at submission and are made payable to:  
Department of Highway Safety and Motor Vehicles.

<b>Original Instructor/Agent Fee:</b>	<b>\$25.00 (O)</b>	<u>          </u>
	<b>Non-Refundable per F.S. 488.04(1)</b>	
Renewal Instructor/Agent Fee:	\$10.00 (R)	<u>          </u>
Duplicate Instructor/Agent Card	\$ 2.00	<u>          </u>

1. GENERAL INFORMATION (Note: An instructor must hold a valid Florida Driver License).

(B) Name: \_\_\_\_\_  
                    First                    Middle                    Last

(B) Residence Address: \_\_\_\_\_

(B) Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight \_\_\_\_\_

(B) Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

(B) Any Permanent scars or marks? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

(B) Name of School Employed By or Authorized on Behalf of:  
\_\_\_\_\_

(B) Address of School: \_\_\_\_\_

(B) Your position with the School: \_\_\_\_\_  
(Owner, Instructor, Agent, etc.)

2. Driver Information. E-mail: \_\_\_\_\_

(B) Driver License number: \_\_\_\_\_

(B) Have you ever had your driver license revoked, suspended or cancelled? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

In the past twelve (12) months? \_\_\_\_\_ If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

(B) Have you ever suffered from epilepsy, fainting spells, or dizziness? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_ In

the past twelve (12) months? \_\_\_\_\_ If yes, explain:

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(B) Have you ever been addicted to narcotic drugs or intoxicating beverages?\_\_\_\_\_ If yes, explain:\_\_\_\_\_

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(B) Have you ever been convicted of a violation of the Motor Vehicle Law?\_\_\_\_\_ If yes, explain:\_\_\_\_\_

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(B) Have you ever been involved in or convicted of fraud or fraudulent practices in relation to securing a driver licenses?\_\_\_\_\_ If yes, explain:

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\_\_\_\_\_ In  
the past twelve (12) months?\_\_\_\_\_ If yes, explain:

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(B) Have you ever been convicted of, plead nolo contendere too or plead guilty to a felony or misdemeanor in any State or Federal Court?\_\_\_\_\_ If yes, explain:\_\_\_\_\_

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(B) Are there any proceedings now pending against you relative to any crimes, misdemeanors, or traffic violations?\_\_\_\_\_ If yes, explain:\_\_\_\_\_

3. EDUCATION.

(B) What is the highest education level you have achieved? \_\_\_\_\_

\_\_\_\_\_

(B) Have you ever completed a Department approved 32 hour course in driver education? \_\_\_\_\_ If yes, which course? \_\_\_\_\_ In the last twelve (12) months? \_\_\_\_\_ If yes, which course?

\_\_\_\_\_

(R) Have you completed a basic or advanced driver education refresher course within the last five (5) years? If yes, which course?

\_\_\_\_\_

Attach a copy of your course completion certificate. If no, sign up for the next available driver education course. If you have not attended a refresher course and it has been more than five years since you have attended a 32 hour course you will be required to attend the 32 hour course again.

4. WORK EXPERIENCE.

(O) Have you have worked as a commercial driving school instructor before? \_\_\_\_\_ If yes, list the name of the school

\_\_\_\_\_.

Are you currently working for another commercial driving school? \_\_\_\_\_ If yes, list the name of the school

\_\_\_\_\_.

AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The information supplied is true and complete. I understand that any fraudulent or misinformation supplied or information withheld by me will result in the permanent revocation of my commercial driving school instructor certificate or agent card. I also understand that as a result, I will never again be able to be involved in commercial driver education in the State of Florida.

\_\_\_\_\_  
(Signature in Full)

\_\_\_\_\_  
(Position in School)

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)

ATTACH THE FOLLOWING TO THIS APPLICATION:

- (B)1. All additional information called for throughout the application.
- (B)2. All fees for this document.
- 3. Two (2) photographs (original application, one (1) for renewal) taken within thirty (30) days of the application. All pictures must be identical 1 and 1/2 inch square and must show neck, shoulders and uncovered head.
- (B)4. A notarized statement from the owner of the school that the instructor will be employed by or authorized to provide driving instructions on behalf of the school. Owners that are also instructors are not required to submit a letter of employment.
- (B)5. Application for an agents certificate must include the financial agreement between the agent and the school owner.
- (B)6. Attach a current Florida Department of Law Enforcement Report. This report will be accepted up to 12 months from the date of issuance.