

APPENDIX A

**APPLICATION TO
THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
FOR DELAP
DRIVER EDUCATION ADMINISTRATOR CERTIFICATION**



STATE OF FLORIDA

Department of Highway Safety and Motor Vehicles
Division of Motorist Services

Application for Driver Education Administrator

Please Print or Type

For Department Use Only Approved By:
Assigned to Monitor
Name
Title
Signature
Date

Name of School Board or Organization
Private Government
Name of School
Site Address Street/PO Box City County State Zip Code
Home Phone Business Phone
Driver License Number State
Social Security Number Email Address
What County School Board are you being employed by
What School(s) will you be working at
Are you currently or have you previously been employed as a Driver Education Specialist with another school? Yes () No ()
If yes, please state the school
I certify under the penalty of perjury that the following facts are true and accurate to the best of my knowledge, information and belief:
1. I am employed by a certified Driver Education Administrator named below, or will be employed by that Driver Education Administrator as a prior and necessary condition of being authorized by the Department of Highway Safety and Motor Vehicles to conduct driver license exams.
2. I am at least 21 years of age.
3. I have not been convicted of any criminal offense bearing on my ability to fill a position of trust as a Driver Education Specialist, including but not limited to the crimes of fraud, sexual offense, and/or moral turpitude at any time, and other felonies or first degree misdemeanors within the past ten years. My signature below indicates my consent to the investigation and release of information in support of this statement to authorized DHSMV personnel from law enforcement agencies and other individuals or organizations. I understand that the Department will make a criminal history information request for this purpose. The DELAP Administrator, and all DELAP Specialists, must submit to a fingerprint-based background check performed by a "Live Scan" Provider with results provided to the Department at the time of the Application. The Department will notify the DELAP Administrator of any disqualifying background check.
4. I hold a valid driver license.
5. I have successfully completed the Department of Education training program for certification as a Driver Education Specialist.
6. I am not a current employee of the Division of Motorist Services or of a county Tax Collector serving as a licensing agent.
Signature Driver Education Specialist Applicant Date
Driver Education Administrator Print Name of School Board or Private School Identification Number
Name Authorized Agent for the Driver Education Administrator
Signature Authorized Agent for the Driver Education Administrator Date