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

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

Application for Driver Education Administrator

Ple	ease Print or Type							
Name of School Board or Organization			Private	Government				
Na	me of School							
Sit	e Address	CI.		G				
Но	Street/PO Box ome Phone	City Business Phone	County	State	Zip Code			
Driver License Number State								
Social Security NumberEmail Address								
W	nat County School Board are you being emp							
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 се	rtify under the penalty of perjury that the following fac	cts are true and accurate to the best of my know	ledge, 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.	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.	6. I am not a current employee of the Division of Motorist Services or of a county Tax Collector serving as a licensing agent.							
Driver Education Administrator Print Name of School Board or Private School Identification N					on Number			
Na	meAuthorized Agent for the Driver	r Education Administrator	·					