



Application for Approval as a PRVIP Trainer

This application is submitted to the FLHSMV for approval to become a PRVIP Trainer.

Applicant/Trainer Name: _____

Address: _____

Mailing Address (if different than above):

Address: _____

Telephone Number(s): _____

Fax Number: _____ Email Address: _____

Trainer must meet the following requirements:

- The instructor must hold a current state teacher’s certificate or have at least one year of current experience as an instructor and completed a recognized instructor training course provided by a college, university, vocational school, U.S. Military School, or a government sponsored Train the Trainer course (supporting documentation required).
- Must be a Subject Matter Expert (SME) for the subject matter on which they will provide instruction. For the purpose of the Private Rebuilt Vehicle Inspection Program (PRVIP), a subject matter expert is one who has acquired a special knowledge through training and/or experience related to rebuilt motor vehicles, vehicle major component parts, salvage vehicles, Florida titling requirements, vehicle identification, and any other training and experience related to rebuilt vehicle inspections.

Note: All applicants are required to submit a fingerprint background check and have the minimum qualifications reviewed to determine if the applicant meets the qualifications above and in compliance with the provisions of 319.141 Florida Statutes.

I hereby make application and submit the required documentation:

- Training Curriculum for both the initial (24) hour Rebuilt Vehicle Inspection course and the (8) hour PRVIP Inspector continuing education training.
 - At a minimum the initial (24) hour training shall include but is not limited to: identification of motor vehicles and their component parts, rebuilt vehicle title transfers and documents, National Motor Vehicle Title Information System (NMVTIS), and the Florida rebuilt vehicle statutes, policies and procedures. A certificate of completion shall be provided by the trainer to the student upon completion of the course.
 - The PRVIP Inspector (8) hour continuing education course shall provide a “refresher” on identification of motor vehicles and their component parts, Florida rebuilt vehicle title transfer and documents, NMVTIS, related Florida Statutes, policies, and procedures. Additionally, the course will provide an overview of any rebuilt inspection service concerns identified by FLHSMV through conducting onsite PRVIP Facility Inspections for quality assurance and introduce any modifications to the rebuilt vehicle inspection program.
- Fingerprint background check completed, submitted electronically to FLHSMV and copy of receipt attached to this application .

CERTIFICATION

Has the applicant:

- Yes No Been convicted of a felony or equivalent charge anywhere?
- Yes No Now facing criminal charges anywhere?
- Yes No Been convicted of a felony or first-degree misdemeanor in any other jurisdiction for violation of motor vehicle laws (excluding parking and traffic laws)?

If the answer to any question above is “yes,” applicant is required to supply appropriate documentation. In the case of a felony conviction, charging documents and disposition documents from the court must accompany this application for further review.

I certify that I am qualified to be a Private Rebuilt Vehicle Inspection Program Trainer and will abide by all applicable Florida Statutes and Department policies and procedures. I also understand this approval is only valid for this PRVIP Program; however, approval may be canceled at any time by FLHSMV as a result of violations of FLHSMV policies and procedures, or use of unauthorized training curriculum. I also certify that the information contained in the application and attachments are true and correct.

I further certify that I am authorized to bind the application with my signature and understand that FLHSMV may require a new application, fingerprints and re-certification upon request.

_____ Signature	_____ Printed Name/Title	_____ Date
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NOTARIAL CERTIFICATE

STATE OF _____ COUNTY OF _____

The attached instrument was acknowledged before me on this date, __/_____/_____ by Mr./Mrs./Ms. _____ who is personally known to me or who has produced _____ as identification and who did take an oath.

_____ Signature of Notary	_____ Name of Notary (typed, printed or stamped)
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(Seal)

Title and Commission Serial Number

BDS USE ONLY

Date Received: _____ Signature of Reviewing Authority: _____

Application Approved By: _____ Date: _____

Curriculum Approved By: _____ Date: _____