

STOP Program - Application for Instructor Certification Approval

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Legal Division

October 1, 2016



DRIVER'S SAFETY TRAINING PROGRAM

APPLICATION FOR INSTRUCTOR CERTIFICATION APPROVAL

Failure to provide the required information shall be grounds for denial of the application.

Please print or type all information provided.

NAME OF APPLICANT: _____ DATE: _____
HOME ADDRESS OF APPLICANT: _____
DATE OF BIRTH: _____
DRIVER'S LICENSE NUMBER: _____
WHAT STATE IS YOUR DRIVER'S LICENSE ISSUED FROM: _____
NOTE: If you are not a resident of Nebraska, you shall include a separate signed, notarized waiver which waives your privacy and will allow another jurisdiction to transmit your driver license record to the State of Nebraska.

YES or NO On the date of this application, you shall:
[] [] • be at least twenty-one (21) years of age; and
[] [] • be of good moral character; and,
[] [] • have a valid driver's license and shall:
[] [] - have held a valid driver's license for at least two (2) years preceding the date of application; and,
[] [] - within the last five (5) years, have no violations on your driving record for which five (5) or more points might be assessed as set out in Neb. Rev. Stat. § 60-4,182 or equivalent from another jurisdiction. The driving record must not have any violations for DWI or any alcohol related or drug offense, or occupant restraint or motorcycle helmet violation within the last five (5) years; and,
[] [] - have no suspensions or revocations on your driving record within the last five (5) years unless the applicant provides suitable evidence that there is a mistake or error on the record.
[] [] • have a high school diploma or its equivalent; and:
[] [] • provide description or summary of your training and/or work experience that qualifies you to be an instructor. Acceptable training may include successful completion of a nationally recognized instructor development program. Attach additional pages as needed.

I will be/am employed as an instructor by (name of provider): _____
Date of employment: _____

[] APPLICATION APPROVED AS OF: Date: _____
(NOTE: As long as the certified instructor remains in compliance with Title 250 NAC 3, the instructor certificate is non-expiring.)
[] APPLICATION IS DENIED AS OF: Date: _____
[] INSTRUCTOR'S CERTIFICATION CANCELLED AS OF: Date: _____
[] at Instructor's Request [] by agreement of the Instructor and the Department of Motor Vehicles

I, _____, do hereby agree to notify the provider immediately if I receive any citation or conviction for violation of any motor vehicle related law of this state or any other jurisdiction in accordance with Title 250 NAC 3 and Neb. Rev. Stat. 29-3606.

Signature of Instructor Certification Applicant _____ Date _____

Please return this form (and waiver, if required) to:
Department of Motor Vehicles
P.O. Box 94699
Lincoln, NE 68509-4699

printed on recycled paper

Rev. DMV 8/2011