

## *Information about Driver Education Instructor Renewal License*

### **Exemption from License Fee**

- ❖ You are exempt from paying the license fee if you are a driver education instructor who is employed by and providing driver education only in a public secondary school, approved private secondary school, applied technology center or region, or an adult education program that offers driver education. No fee can be charged to your students, **and** your students must be given course credit towards graduation. If you qualify for a fee exemption, the license issued will be termed a “noncommercial” driver education instructor license which authorizes you to provide driver education **only** while employed by a “noncommercial” driver education school.

### **Other Information**

Your application will be reviewed by the Bureau of Motor Vehicles to determine whether you meet the licensing requirements. If your application is approved, you will be issued a license which will be mailed to you. Your license will expire two years from the date it is issued. Teaching driver education without a valid license is a Class E crime.

Once you are issued a Driver Education Instructor license it is your responsibility to notify the Bureau of Motor Vehicles in writing of any change in information on the original license application (e.g., change of name, address, telephone number, driving or criminal record and health). All correspondence and renewal notices will be sent to the licensee’s last known address on file with the Bureau of Motor Vehicles.

If you have any questions or concerns, please contact this office at 624-9000 ext. 52128.

**DRIVER EDUCATION INSTRUCTOR  
RENEWAL LICENSE APPLICATION**

**BUREAU OF MOTOR VEHICLES  
DRIVER EDUCATION PROGRAM  
STATE HOUSE STATION #29  
AUGUSTA, MAINE 04333-0029  
TELEPHONE: (207) 624-9000 ext. 52128  
Fax: (207)624-9158**

Exp.

Please check  the type of driver education license you are renewing:  
Class A  Class B  Truck endorsement

1. Applicant's Name \_\_\_\_\_  
School associated with \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Telephone# home \_\_\_\_\_ work# \_\_\_\_\_ cell# \_\_\_\_\_  
Your Email Address \_\_\_\_\_
2. Applicant's Mailing Address \_\_\_\_\_  
(Street) (City/Town) (State) (Zip Code)
3. Would you authorize the Bureau of Motor Vehicles to disclose your name, mailing address and email address with driver education professional organizations and driver education related product vendors?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Applicant's Physical \_\_\_\_\_  
Home Address (Street) (County) (City/Town) (State) (Zip Code)  
(if different from mailing address)
5. Check  any conditions below to which you are or have been subject to:  

<input type="checkbox"/> epilepsy/seizures	<input type="checkbox"/> heart trouble
<input type="checkbox"/> blackouts/loss of consciousness	<input type="checkbox"/> diabetes
<input type="checkbox"/> stroke/shock	<input type="checkbox"/> Parkinson's disease
<input type="checkbox"/> mental/emotional	<input type="checkbox"/> paralysis
<input type="checkbox"/> limb amputation	<input type="checkbox"/> other disability...(explain below)

**Note:** If you checked any box in question 4, please submit a CR-24 form together with your completed application. If you need this form please contact us at 624-9156.

6. Has your privilege to provide driver education, register or operate a motor vehicle been suspended or revoked in this state or any other state or province since your last renewal? ( )NO ( )YES  
(If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you been convicted of violating a motor vehicle law in Maine or any other state or province since your last renewal? ( )NO ( )YES...(If yes, please write date(s), type(s) and where violation occurred)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Have you been convicted of a crime, other than a traffic offense, in Maine or any other state or province since your last renewal? ( )NO ( )YES... If yes, please write date(s), type(s) and where violation occurred)\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Is there any proceeding now pending relative to any suspension, revocation, or violation listed in questions 5, 6 or 7 above: ( )NO ( )YES....(If yes, please explain)\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT**

This statement is made in accordance with the Federal Privacy Act of 1974, Section 7(b). Disclosure of your social security number is mandatory and is required by 29-A MRSA § 1301(5) and (6) to apply for or renew a driver's license or non-driver identification card. Your social security number will be used solely for identification purposes and will be kept confidential.

I AM THE APPLICANT FOR A DRIVER EDUCATION INSTRUCTOR LICENSE AND THE INFORMATION CONTAINED HEREIN IS TRUE. I UNDERSTAND THAT KNOWINGLY SUPPLYING FALSE INFORMATION ON THIS FORM IS A CLASS D CRIME AND THAT ANY FALSE INFORMATION WILL RESULT IN THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED TO ME.

\_\_\_\_\_  
 Signature of Applicant in Full Date of Application

- ❖ **Instructor license renewal fee \$100.00, background check fee \$21.00, Total \$121.00.**
- ❖ **Make check or money order payable to the Secretary of State or complete the credit card information below.**
- ❖ **If required, return the completed CR-24 medical form with your application.**
- ❖ **If you do not hold a Maine driver's license you must provide a current copy of your out of state driving record with your renewal.**

**I would like to pay my instructor license renewal fee by charging it to my:**

- Visa
- Mastercard

**The amount to be charged to my credit card is:**

- \$121.00

**Credit Card Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_  
Month/Year

**Your address that you receive your credit/debit card statement at:** \_\_\_\_\_  
 \_\_\_\_\_

**Name as it appears on the credit card (please print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **This transaction cannot be processed without the cardholder's signature.**