



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES – ROAD TEST OFFICE
325 Melrose Street, Providence, RI 02907
Phone: 401-462-5750 Fax: 401-462-1648 www.dmv.ri.gov

**APPLICATION FOR DRIVER
TRAINING INSTRUCTOR LICENSE**

A. APPLICANT'S INFORMATION (COMPLETE ALL FIELDS)

<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL # _____				FOR DMV USE ONLY	
FULL NAME: _____				<input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> CC AMOUNT: _____	
TELEPHONE: _____				<input type="checkbox"/> RHODE ISLAND BCI <input type="checkbox"/> O-O-S BCI (if required)	
E-MAIL ADDRESS: _____				<input type="checkbox"/> RI DRIVING RECORD <input type="checkbox"/> CCRI CERTIFICATE	
RESIDENCE ADDRESS: NUMBER & STREET (APT/UNIT #, FLOOR, ETC.) _____				<input type="checkbox"/> OOS DRIVING RECORD	
				<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
				_____ Approved By _____ Approval Date	
CITY/TOWN: _____			STATE: _____	ZIP CODE: _____	
DRIVER LICENSE #:		STATE ISSUED:		DATE OF EXPIRATION	
DATE OF BIRTH:		HEIGHT: (FT./IN.)		WEIGHT: (LBS.)	
				SEX:	
HAIR COLOR: <input type="checkbox"/> BROWN <input type="checkbox"/> BLONDE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> GRAY <input type="checkbox"/> RED <input type="checkbox"/> BALD					
EYE COLOR: <input type="checkbox"/> BROWN <input type="checkbox"/> BLUE <input type="checkbox"/> GREEN <input type="checkbox"/> HAZEL <input type="checkbox"/> GRAY <input type="checkbox"/> BLACK <input type="checkbox"/> PINK <input type="checkbox"/> DICHROMATIC					
NAME OF SCHOOL WHERE INSTRUCTING: _____					
SCHOOL ADDRESS: NUMBER & STREET (APT/UNIT #, FLOOR, ETC.) _____			CITY/TOWN: _____		STATE: _____
					ZIP CODE: _____

1. DID YOU HAVE A DRIVER'S LICENSE. ISSUED IN RHODE ISLAND OR ELSEWHERE, SUSPENDED OR REVOKED?

☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

2. HAVE YOU BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR?

☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

RIGL § 31-10-41 Denial, suspension, or revocation of instructor's license.

The administrator of the division of motor vehicles may deny an application for an instructor's license or suspend or revoke an instructor's license after it has been granted for the following reasons:

- (1) Any reason set forth in subdivisions (1) – (9) of § 31-10-38.
- (2) The applicant's driving record shows that he or she is not a careful driver.
- (3) The applicant has not attained the age of twenty-one (21) years.

NOTE: SUSPENSION OF AN OPERATOR'S LICENSE WILL INVALIDATE THE APPLICATION FOR INSTRUCTOR'S LICENSE. THE LICENSE MUST BE RETURNED TO THE DIVISION OF MOTOR VEHICLES.

B. REQUIREMENTS FOR OBTAINING A DRIVER TRAINING INSTRUCTOR LICENSE

- ☐ A fee of \$18.50 for the driver training instructor license must be collected.
- ☐ All new driver training instructor license applicants are required to take the following course offered at the Community College of Rhode Island (CCRI) Warwick Knight campus: **HMNS 2290: DRIVER AND SAFETY EDUCATION**
It is recommended that the applicant contact the school in December of each year to enroll in the course: **401-825-1214**

ADDITIONAL REQUIREMENTS

_____ (as determined by residency status – please choose one) _____

☐ **Rhode Island Resident Five (5) Years or Greater**

- A Rhode Island Background Criminal Report (BCI)

☐ **Rhode Island Resident Less Than Five (5) Years**

- A Rhode Island Background Criminal Report (BCI)
- A BCI from previous state(s) resided in within the past five (5) years
- Driving record from previous state(s) resided in within the past five (5) years

☐ **Out-of-State Resident**

- A Rhode Island Background Criminal Report (BCI)
- A BCI from current state of residence and previous state(s) resided in within the past five (5) years
- Driving record from current state of residence and previous state(s) resided in within the past five (5) years

**An original Criminal Background Report (BCI) can be obtained from the
RHODE ISLAND ATTORNEY GENERAL'S OFFICE, 4 Howard Avenue, Cranston, RI 02920**

C. SIGNATURE & AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, hereby waive and release any and all manners of actions, and demands of any kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the aforementioned law enforcement agencies, including the Rhode Island Department of Attorney General and their employees, in both law and equity, which I may now have or may have in the future.

I, the undersigned, declare that I am the applicant name herein, know the contents of this application and certify same to be true.

APPLICANT'S SIGNATURE:	DATE: (MM/DD/YY)
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Subscribed and sworn to me this _____ day of _____, 20_____.

NOTARY PUBLIC SIGNATURE:	NOTARY PRINTED NAME:	DATE: (MM/DD/YY)
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COMMISSION EXPIRATION DATE (MANDATORY):

D. SCHOOL OWNER S ENDORSEMENT

SIGNATURE:	TITLE:	DATE: (MM/DD/YY)
PRINTED NAME:	SCHOOL NAME:	SCHOOL NUMBER: