



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES – CDL UNIT
600 New London Avenue, Cranston, RI 02920
Phone: 401-462-5813 Fax: 401-462-5805 DMV.ELDT@DMV.RI.GOV

**ELDT Behind the Wheel
Training Application for
Driver Instructor's
License**

A. APPLICANT'S INFORMATION (COMPLETE ALL FIELDS)

<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL # _____			FOR DMV USE ONLY		
FULL NAME:		TELEPHONE:	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> CC AMOUNT: _____		<input type="checkbox"/> O-O-S BCI (if required)
E-MAIL ADDRESS:		<input type="checkbox"/> RHODE ISLAND BCI			<input type="checkbox"/> CCRI CERTIFICATE
RESIDENCE ADDRESS: NUMBER & STREET (APT/UNIT #, FLOOR, ETC.)		<input type="checkbox"/> RI DRIVING RECORD			<input type="checkbox"/> OOS DRIVING RECORD
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 TRAINING INSTRUCTOR 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 \$17.50 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: