STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES – **DRIVER SKILLS & EXAMS OFFICE**
600 New London Ave, RI 02920
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)

☐ **NEW** ☐ **RENEWAL #** _____

FULL NAME:	TELEPHONE:
E-MAIL ADDRESS:	
RESIDENCE ADDRESS: NUMBER & STREET (APT/UNIT #, FLOOR, ETC.)	

FOR DMV USE ONLY

☐ CHECK ☐ CASH ☐ CC AMOUNT: _____

☐ RHODE ISLAND BCI ☐ O-O-S BCI (if required)
☐ RI DRIVING RECORD ☐ CCRI CERTIFICATE
☐ OOS DRIVING RECORD

☐ **APPROVED** ☐ **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: ☐ BROWN ☐ BLONDE ☐ WHITE ☐ BLACK ☐ GRAY ☐ RED ☐ BALD

EYE COLOR: ☐ BROWN ☐ BLUE ☐ GREEN ☐ HAZEL ☐ GRAY ☐ BLACK ☐ PINK ☐ 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.

CONTINUED ON BACK

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: **401-825-2003**

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

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)**

Subscribed and sworn to me this _____ day of _____, 20_____.

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

COMMISSION EXPIRATION DATE *(MANDATORY)*:

D. SCHOOL OWNER'S ENDORSEMENT

SIGNATURE:	TITLE:	DATE: (MM/DD/YY)

PRINTED NAME:	SCHOOL NAME:	SCHOOL NUMBER: