



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## NEW DRUG AND ALCOHOL DRIVING AWARENESS INSTRUCTOR APPLICATION INSTRUCTIONS

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.**

1. **NAME** – Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. **DATE OF BIRTH** – Provide your birthdate.
3. **GENDER** – Select whether you are male or female.
4. **SOCIAL SECURITY NUMBER** – Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#) or call (512) 460-6000 or (800) 252-8014.
5. **MAILING ADDRESS** – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
6. **PHONE NUMBER** – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. **EMAIL ADDRESS** – By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
8. **DRIVERS LICENSE NUMBER** – Provide the number on your driver's license, the listed state on the license, the drivers license class, and the date the license will expire. Provide the date you received your first driver's license.  
**Submit a clear photocopy of your current, valid driver's license.**
9. **DRUG AND ALCOHOL DRIVING AWARENESS INSTRUCTION** – Have you given drug and alcohol driving awareness instruction within the past 36 months? If Yes, provide a brief description of your traffic safety experience and knowledge.
10. **DRUG AND ALCOHOL DRIVING AWARENESS SCHOOL(S) TO BE EMPLOYED** – List the course numbers, name of the schools you are or expect to be employed by, school address, and school phone number.
11. **DRUG AND ALCOHOL DRIVING AWARENESS ENDORSEMENTS** – List the name of your Drug and Alcohol Driving Awareness Instructor (DADAI).
12. **EMPLOYMENT EXPERIENCE FOR THE LAST YEAR** – List the schools, address, duties, subjects taught with the beginning and ending dates. Note: if more space is needed add another piece of paper.
13. **CRIMINAL HISTORY** – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.  
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before you submit your application and pay non-refundable fees. To request a criminal history evaluation, submit a [Criminal History Evaluation Letter \(PDF\)](#), a completed [Criminal History Questionnaire \(PDF\)](#) for each crime you were convicted of, or placed on deferred adjudication for, and a \$10.00 fee.
14. **DISCIPLINARY ACTION HISTORY** – Indicate if you have ever had a professional license, certification, or registration suspended, revoked, or denied in any state. If Yes, complete and attach a [Disciplinary Action Questionnaire \(PDF\)](#) for each disciplinary action.

15. REQUIRED EDUCATION DOCUMENTATION – DRUG AND ALCOHOL DRIVING AWARENESS INSTRUCTOR

1. Submit evidence of completion of instructor training and a statement signed by the program owner recommending the applicant for licensing. Instructor training shall consist of:
  - A) Evidence of completion of instructor training and a statement signed by the course provider recommending the applicant for licensing. Original documentation shall be provided upon the request of the department instructor training shall consist of 16 hours of training covering techniques of instruction and in-depth familiarization with material contained in the drug and alcohol driving awareness program curriculum in which the individual is being trained.
  - B) Alternatively, the applicant may submit a copy of a current Texas Department of State Health Services Alcohol and Drug Offender Education Program Instructor license or current certification as a Texas Department of State Health Services Offender Education Counselor and 6 hours of training and 6 hours of demonstrative presentation or practical teaching. The 6 hours of training shall cover techniques of instruction and in-depth familiarization with material contained in the alcohol and drug education curriculum. The six hours of demonstrative presentation or practical teaching shall be in the same alcohol and drug education curriculum and under the direct supervision of a licensed alcohol and drug education instructor trainer endorsed in the same alcohol and drug education curriculum and shall be accompanied by a statement signed by the course provider recommending the applicant for licensing.; and
2. Any other information necessary to show compliance with applicable state and federal requirements.

16. STATEMENT OF APPLICANT – Carefully read the statement before dating and signing your application.

**APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES** The Texas Department of Licensing and Regulation recognizes the contributions of our active-duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the [Military Service Member, Military Veteran or Military Spouse Supplemental Application \(PDF\)](#) and attach it with your license application. If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the [TDLR Military Information web page](#).

**SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

TDLR  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and you check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 463-9468. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday from 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).

**TDLR Public Information Act Policy:**

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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## NEW DRUG AND ALCOHOL DRIVING AWARENESS INSTRUCTOR APPLICATION

**Do Not Write Above This Line**

This completed form must be accompanied by required educational documents and the application fee.

**APPLICATION FEE: \$75 (FEE IS NON-REFUNDABLE)**

1. Name:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

2. Date of Birth:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Month Day Year

3. Gender:

Male  Female

4. Social Security Number:

(See instruction sheet for disclosure information)

5. Mailing Address: (Used to receive mail from TDLR)

\_\_\_\_ Number, Street Name, Suite Number/Apartment Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Phone Number:

(\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number

7. Email Address:

\_\_\_\_\_  
(Ex: johndoe@aol.com) See instruction sheet for disclosure information

8. Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date you received your first drivers license: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

9. Have you given Drug and Alcohol Driving Awareness instruction within the past 36 months?  Yes  No

Give a brief description of your traffic safety experience and knowledge: \_\_\_\_\_

10. Drug and Alcohol Driving Awareness School(s) at which you are (or expected to be employed).

Course#	Name of Licensed School	Address	City	State	Phone Number
C					( )
C					( )
C					( )

11. Drug and Alcohol Driving Awareness Endorsement

Drug and Alcohol Driving Awareness Instructor (DADAI): \_\_\_\_\_  
(Name of Course)

12. Employment experience for the last year.

Employer / School	Address, City, State, Zip Code	Duties / Subjects Taught	From (Mo / Yr.)	To (Mo / Yr.)

13. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.

Yes  No

**See instruction sheet for more information**

14. **Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state?**

Yes  No

If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application.  
(This does **not** include your driver license.)

15. **Before mailing your application please ensure you have attached all required education documentation.**

**16. STATEMENT OF APPLICANT**

By signing this application, I certify all information submitted on this and the attached forms is true and accurate. I authorize TDLR to conduct any investigations of me which it deems prudent. I understand that the information revealed in an investigation may be cause for disapproval of the application even though other requirements for a license have been met. I certify that I have read and will comply with all applicable provisions of Occupations Code Chapter 51, Education code Chapter 1001 and Texas Administrative code Chapters 84. I understand that providing false information on this application may result in denial of this application or revocation of the license I am requesting and the imposition of administrative penalties.

\_\_\_\_\_   
Date Signed

\_\_\_\_\_   
Signature of Applicant