



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

DRIVING SAFETY INSTRUCTOR LICENSE INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper.

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 – Write 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 – Write 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(c)(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 at:
www.texasattorneygeneral.gov/child-support or call (512) 460-6000 or (800) 252-8014
5. MAILING ADDRESS – Write 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 – Write 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 – Write your email address. By providing my email address I authorize 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 drivers license. **Submit a clear photocopy of your current, valid drivers license.**
9. DRIVING SAFETY 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.
10. SPECIALIZED DRIVING SAFETY ENDORSEMENTS: - Indicate the type of endorsement(s) which you wish to apply. Please ensure that all educational requirements for the type of endorsement(s) requested are met, and copies of appropriate certifications/training records/documents are included.

Specialized Driving Safety Instructor

1. Submit evidence of completion of:
 - a) 24 hours of training, covering techniques of instruction and in-depth familiarization with material contained in the driving safety curriculum in which the individual is being trained; and
 - b) 12 hours of practical teaching in the same driving safety course (Form DT-204) and a statement signed by the course provider recommending the applicant for licensing; or
 - c) alternatively, the applicant may submit a copy of a current driving safety instructor license or current or past certification as a National Highway Traffic Safety Association Child Passenger Safety technician or instructor and 12 hours of training and 6 hours of demonstrative presentation or practical teaching. The 12 hours of training shall cover techniques of instruction and in-depth familiarization with material contained in the specialized driving safety curriculum. The 6 hours of demonstrative presentation or practical teaching shall be in the same specialized driving safety curriculum and under the direct supervision of a licensed specialized driving safety instructor trainer endorsed in the same specialized driving safety curriculum and shall be accompanied by a statement signed by the course provider recommending the applicant for licensing. **GRADUATION REPORTS FOR THE CLASSES WHERE PRACTICE TEACHING OCCURRED MUST ACCOMPANY THE TRAINING RECORD.**

Specialized Driving Safety Instructor Trainer

1. The application shall include a statement by the driving safety course provider (if different than the applicant) recommending the instructor as an instructor trainer, a copy of a current or past certification as a National Highway Traffic Safety Association Child Passenger Safety technician or instructor, and evidence of one of the following:
 - a) a Texas teaching certificate with driver education endorsement and 12 hours of experience, exclusive of the 28-hour instructor development course, in the same specialized driving safety course for which the individual is to teach;
 - b) a teaching assistant certificate and 12 hours of experience, exclusive of the 28-hour instructor development course, in the same specialized driving safety course for which the individual is to teach;
 - c) completion of all the requirements for a specialized driving safety instructor license and 60 hours of verifiable experience as a licensed driving safety instructor, of which the most recent 12 hours shall be in the same specialized driving safety course for which the individual is to teach; or
 - d) proof of authorship of an approved specialized driving safety course. The applicant who will provide the initial instructor training for a newly approved course shall demonstrate to the division director's designee the ability to teach the course and the instructor training course prior to being licensed.

Instructor Development Course-Specialized Driving Safety Instructor Trainer

1. The application shall include a copy of a current or past certification as a National Highway Traffic Safety Association Child Passenger Safety technician or instructor and evidence of:
 - a) completion of all the requirements for a specialized driving safety instructor trainer plus an additional 30 hours of verifiable experience as a licensed specialized driving safety instructor or specialized driving safety instructor trainer in the same specialized driving safety course for which the individual is to teach, or proof of authorship of an approved specialized driving safety course. The applicant who will provide the initial instructor training for a newly approved course shall demonstrate to the division director's designee the ability to teach the course and the instructor training course prior to being licensed; and
 - b) a statement signed by the driving safety course provider, if different than the applicant, recommending the individual as an instructor development course instructor trainer in specialized driving safety.
11. **HAVE YOU GIVEN DRIVING SAFETY INSTRUCTION IN THE PAST 12 MONTHS** - If YES, In item A place a check in the box for the type of instruction given and in item B list the schools, address, duties, subjects taught with the beginning and ending dates. Note: if more space is need add another piece of paper.
12. **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 for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm
13. **DISCIPLINARY ACTION HISTORY** – Indicate if you have ever had an occupational license, certification, or Registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf](http://www.tdlr.texas.gov/misc/DisciplinaryActionQuestionnaire.pdf)
14. **STATEMENT OF APPLICANT** - Carefully read the statement of applicant 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 (TDLR form MIL001) and attach it with your license application. The form is located on the TDLR website at <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

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 at <http://www.tdlr.texas.gov/military.htm>.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
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 Texas Department of Licensing & Regulation website at tdlr.texas.gov or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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DRIVING SAFETY INSTRUCTOR LICENSE APPLICATION

Do Not Write Above This Line

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

APPLICATION FEE: \$50 (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. Driving Safety School(s) at which you are (or expected to be employed).

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

10. Specialized Driving Safety Endorsements:

Indicate the type of endorsement(s) which you wish to apply. Please ensure that all educational requirements for the type of endorsement(s) requested are met, and copies of appropriate certifications/training records/documents are included.

Specialized Driving Safety Instructor (SPDSI) _____
(Course Name)

Specialized Driving Safety Instructor Trainer (SPDSIT) _____
(Course Name)

Instructor Development Course - Specialized Driving Safety Instructor Trainer (IDC - SPDSIT) _____
(Course Name)

11. Have you given driving safety instruction within the past 12 months? Yes

A. Type of Instruction:

Student or Practice Teaching

Full or Part-time Instruction

B. Identify the schools you were employed with in the last year.

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

12. **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

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

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

Yes No

14.

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