



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ATV INSTRUCTOR LICENSE RENEWAL 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(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/cs 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 – Provide 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. PROGRAM SPONSOR AGREEMENT – Select whether you have provided a copy of the ATV Instructor License Agreement with ASI.
9. 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.
10. 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/DisciplinaryActionQuestionnaire.pdf.
11. 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 SPOUSE

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 and all attachments.

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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ATV INSTRUCTOR LICENSE APPLICATION

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

1. Name:

Last, First, Middle Name, Suffix (Jr. Sr. III)

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@gmail.com See Instruction Sheet for Disclosure Information

8. Have you provided a copy of the ATV instructor license agreement with ASI?

Yes No

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

Yes No

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

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

Yes No

If YES, complete and attach a Disciplinary Action Questionnaire, (DAQ) for each offense.

11.

STATEMENT OF APPLICATION

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 Chapter 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.

Signature of Applicant

Date Signed