



**REMEDIAL INSTRUCTOR CERTIFICATION APPLICATION**

*The application must be **TYPED** or will not be accepted.*

APPLICANT SOCIAL SECURITY #		<b>See Page 2 for instructions and mailing address.</b> Incomplete applications will be returned. Complete all boxes and questions. If there is no information to be provided, write "none" or "N/A". Some items can be found on your Driver License, check front and back for details. Use this form for Original and renewal applications.						
FIRST NAME			MIDDLE		LAST		SUFFIX	
STREET			CITY			COUNTY		
STATE	ZIP CODE	PHONE		FAX		E-MAIL		
DATE OF BIRTH		SEX	HEIGHT		WEIGHT		HAIR	EYES
DRIVER LICENSE (DL) #		DL CLASS		DL ENDORSE		DL RESTR		
Year you received your first driver license (class D)?				In what year did you receive your first <b>commercial</b> driver license?				
<b>INSTRUCTOR CERTIFICATION</b> <input type="checkbox"/> Adult Remedial <input type="checkbox"/> Juvenile Remedial (JDIP) <input type="checkbox"/> Advanced Juvenile Remedial (AJDIP)		Are you currently licensed or have you been previously licensed as a Driver Training Instructor with the <b>Department of Public Safety</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			Optional: Are you a veteran, current member or a spouse of a member of the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Additional Instructor Certifications</b>		<input type="checkbox"/> Course Manager (CM) - Course Date __ / __ / ____ <input type="checkbox"/> Chief Instructor						
<b>Change of Status:</b>		<input type="checkbox"/> Adding endorsement (mark above) <input type="checkbox"/> Change of address, convictions, driver license, etc. <input type="checkbox"/> Change of license type						
<b>TRAFFIC CITATIONS AND ARRESTS:</b> List all traffic citations, license cancellations, and license suspensions you received in the past ten years. Mark whether or not the citation resulted in your conviction. Attach an additional form if needed. <b>If none, write "None"</b> . Attach current driving abstract.								
DATE	DESCRIBE VIOLATION; give cause for license cancellation or suspension					CONVICTION		
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>CRIMINAL ARRESTS:</b> List all criminal arrests, summonses, and citations you have received in the past ten years. Mark whether or not the summons, arrest, or citation resulted in your conviction. Attach an additional form if more lines are needed. <b>If none, write "None"</b> . Attach current criminal report.								
DATE	DESCRIBE CIRCUMSTANCES OF ARREST, summons or citation and laws violated					CONVICTION		
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>REMEDIAL DRIVER TRAINING SCHOOL AFFILIATION:</b> List remedial driver training school(s) for which you expect to instruct during the upcoming license year. The authorizing official from one of the schools shall certify this application. Without this certification by way of signature, your application will not be approved.								
<b>CERTIFICATION STATEMENT:</b> I hereby certify I am the authorizing official of a licensed remedial driver training enterprise and I have reviewed this application for its accuracy. I am familiar with this applicant and I attest to the good character of this applicant. I further certify that this applicant is authorized to instruct in the remedial driver training school for which I am an authorizing official.								
REMEDIAL DRIVER TRAINING ENTERPRISE / SCHOOL NAME						ENTERPRISE LICENSE #		
SIGNATURE OF OFFICIAL <b>X</b>						DATE		
<b>CERTIFICATION STATEMENT:</b> I hereby certify I am the applicant for a remedial driver training instructor license in accordance with Chapter 4501-21 of the Ohio Administrative Code (O.A.C.) and I fully understand and will adhere to the applicable provisions of the Ohio Revised Code (R.C.), Chapter 4510, and O.A.C. Chapter 4501-21. I certify the information in this application is true and complete. I understand any falsification of this document may be cause for rejection of this application or revocation of any license issued hereunder. I certify I am in sound physical and mental health; I have no injury nor physical or mental impairment that may affect my ability to manage, train, or drive; and I am not under the influence of or addicted to any drug or medicine that may affect my ability to drive or to effectively and safely instruct students or manage training. I further certify I will continue to instruct only as long as I continue to be physically and mentally capable of safely operating a motor vehicle and instructing students. I certify I have had no criminal convictions within the past ten years that are not listed on this application.								
SIGNATURE OF APPLICANT <b>X</b>						DATE		

## APPLICATION INSTRUCTIONS

The most current version of this document available at [www.drivertraining.ohio.gov](http://www.drivertraining.ohio.gov)

The applicant for driver training instructor or training manager license shall complete this form. If the applicant meets the qualifications to be a remedial driver training instructor under O.A.C. chapter 4501-21, a license will be issued. Depending on instructor applicant qualifications, the certification may be endorsed with a course manager or chief coordinator endorsement.

**You are encouraged to keep a file copy of the entire application and attachments. DPS will abide by the Ohio Public Records Act R.C. 149.43. Social security number will be redacted prior to release to the public.**

**ORIGINAL APPLICATIONS SHALL INCLUDE** (all documents at [www.drivertraining.ohio.gov](http://www.drivertraining.ohio.gov)):

1. A complete, accurate, and true application form signed and dated by the applicant and authorizing official. Incomplete or unsigned applications will be returned.
2. Proof the remedial instructor applicant has completed a department approved remedial course (attach remedial course completion certificate),
3. The signature of an authorizing official from a certified remedial driver training school.

**CHANGE OF STATUS** - Use this form to change any certification information occurring during the license year. This can include, but is not limited to, change of address, traffic convictions, chargeable crashes, or criminal convictions, to add instructor license endorsements or change license type. To change certification type or endorsements:

1. Complete **name**.
2. Complete driver training **instructor license** captions.
3. Mark the appropriate "**change of status**" block.
4. Complete **ONLY** any information that has changed since last application.
5. Sign and date the form.

**Mail all completed applications to:**

Ohio Department of Public Safety  
ATTN: Driver Training Program Rm. 426  
P.O. Box 182081, Columbus, Ohio 43218-2081