



John J. Barthelmes
Commissioner of Safety

State of New Hampshire
DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES

23 HAZEN DRIVE, CONCORD, NH 03305
Telephone: (603)227-4000 TDD Access Relay NH 7-1-1



Elizabeth A. Bielecki
Director of Motor Vehicles

APPLICATION FOR DRIVER EDUCATION INSTRUCTOR CERTIFICATE

PROVISIONAL CERTIFICATE (\$25.00) STANDARD CERTIFICATE (\$40.00)

SECTION A (Contact Information)

Name: _____ Home phone number: _____
Home mailing address: _____ Cell phone number: _____
Home legal address: _____
City, State, Zip: _____ Date of Birth: _____
State or Country of Birth: _____ E-mail address (for information from DOS): _____

SECTION B (Employment Information)

Please list the school(s) that you are employed by for purposes of instructing driver education.

School Name #1: _____
Mailing address: _____ City: _____ Zip: _____
Phone number: _____ Fax: _____ Email: _____
School Name #2: _____
Mailing address: _____ City: _____ Zip: _____
Phone number: _____ Fax: _____ Email: _____

SECTION C (Driver's License Information)

Do you hold a valid New Hampshire driver's license? Yes ___ No ___ If yes, for how long? _____
Driver's license number: _____ Date of expiration: _____
Driver's license class: _____ Endorsements/Restrictions: _____

Have you ever been convicted of any motor vehicle offense in NH or another state or country? Yes ___ No ___
If yes, please list the conviction date(s) and explain the nature of each offense(s) (Please use additional paper as needed.):

Are there any court charges presently pending? Yes ___ No ___ If yes, where and explain the charges: _____

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE.

DSMV635 (Rev. 2/2018)

SECTION D (Criminal Background)

Have you ever been convicted of any criminal offense? Yes___ No___ If yes, please list conviction date and explain the nature of each offense. (Please use additional paper as needed.): _____

Are there any court charges pending? Yes___ No___ If yes, where and explain the charges: _____

I, THE UNDERSIGNED, HEREBY CERTIFY THAT I AM THOROUGHLY FAMILIAR WITH RSA 263 AND THE NH CODE OF ADMINISTRATIVE RULES CHAPTER SAF-C 3100, DRIVER EDUCATION RULES.

THIS APPLICATION IS SIGNED UNDER PENALTY OF UNSWORN FALSIFICATION OF SAME IS JUST CAUSE TO DENY YOUR APPLICATION OR TO SUSPEND YOUR CERTIFICATE ALREADY ISSUED UNDER RSA 263:44.

Signature of applicant: _____ Date: _____

If this application lacks signature or other necessary forms it will be returned. Please return this application with your check (payable to State of NH-DMV), completed current physical form (DSMV 492), or a copy of a valid USDOT medical certificate, a completed criminal and motor vehicle records check (fingerprints are required for initial applicants only) and the necessary professional development forms and documentation.

NH Division of Motor Vehicles
Driver Education Section
23 Hazen Drive
Concord, NH 03305
For assistance call: (603) 227-4075

DMV USE ONLY
Fee received: _____ Check #: _____
Certificate #: _____
Expiration date: _____
