

Driver Training School & Instructor Licensing

Driver Training School (DTS) and Instructor Applicants

Follow the steps outlined below to complete the documentation required to submit your application.

- **Driver Training School and Instructor renewal application packets for licensing period July 1, 2018 - June 30, 2020 will be accepted beginning February 1, 2018 and must be submitted to the Bureau of Motor Vehicles (BMV) Driver Education (DE) Program no later than midnight, May 1, 2018 in order to ensure receipt of license by July 1, 2018.**
- **A school must not conduct business after the expiration of the current license until the BMV has granted a renewal license.**

***By applying for this license I acknowledge that I and this license application are subject to provisions of Title 9 of the Indiana Code and section 140 of the Indiana Administrative Code. This license application and any resulting licensure, if any, may be revoked, suspended, or denied by a finding from the BMV.**

Driver Training School Application Process:

1. You must sign in, or create an account, at myBMV.com to complete a [Driver Training School Application](#) – This form is submitted electronically and can be accessed by clicking on the hyperlink or by visiting the driver education webpage at - <https://secure.in.gov/BMV/mybmv/Default.aspx>. Please complete all required sections of the form in its entirety.
 - a. **Type of Application:** Choose “New” or “Renewal.”
 - b. **General Information:**
 - i. List name of applicant, name of school, Federal ID Number (9 digits), address of school, telephone number and website for the driver training school, *if applicable*.
 - ii. For “Type of School,” choose “Business Entities” for commercial schools or “Public /Private Schools” for public, private, parochial, accredited and non-accredited schools.
 - iii. For “Type of Course(s) Offered” choose all that apply. Classroom training, Online Classroom Training (*this is only selected for online providers and not if you partner with an online provider*) or Behind-the-Wheel.
 - c. **Additional Locations:**
 - i. Application must list all additional locations.
 - ii. Additional locations should have location’s unique name, address of the location,
 - d. **Driver Training School owners, partners or public/private school officials:**
 - i. List person(s) in charge of the driver training program (This is not the Super-Intendant or the principal unless they play a strong role within the DE program). This would be the individual receiving communications from the BMV Driver Education Program.
 - ii. List home address, phone and email of the owner, partner or school official. Select “add” for more than one owner.
 - e. **Instructors:**
 - i. List each instructor’s name, home address, personal telephone and personal e-mail address. Select “add” for more than one instructor.
 - f. **School Vehicles:**
 - i. Enter make of vehicle, model year, vehicle identification number (VIN) and license plate number of each vehicle used by the school for instruction purposes.
 - g. **Affirmation of Applicant:**
 - i. Your affirmation will serve as the required signature.

2. **Fingerprint-based full national criminal background check:**

- a. All driver training school applications require a **fingerprint-based full national criminal background check for all owners, partners, or public/private school officials** dated within ninety (90) days of the application. See attached instructions below for step-by-step instructions to complete this requirement. *The Driver Training department will receive the background check(s) from the Indiana State Police.*

Items # 3 through # 6 must be submitted as an upload with your application.

3. **Indiana Secretary of State:**

- a. *Commercial schools only:* Document verifying the business is properly registered with the Indiana Secretary of State. If the business is a sole proprietorship or general partnership, proof of filing the assumed business name with your local county recorder's office is required.

4. **Contracts:**

- a. Copies of contracts or agreements with any person who conducts business with the school related to driver education courses.
- b. A schedule of all tuitions, fees and charges that the school does, or may, impose.
- c. Samples of student contracts and registration forms to be used by the school.

5. **Certificate of insurance demonstrating the minimum insurance coverage set forth in 140 IAC 4-1.5-2:**

- a. \$100,000 because of bodily injury to or death of any one person and subject to said limit respecting one person;
- b. \$300,000 because of bodily injury to or death of two or more persons in any one accident; and
- c. \$25,000 because of injury to or destruction of property in any one accident.

6. **Curriculum:**

- a. A completed instructional standards worksheet(s) for each type of instruction provided. Classroom Curriculum Standards and the Behind the Wheel Curriculum Standards.

7. **License Fee:**

- a. A \$100 license application fee for new or renewal requests. Payment must be made electronically by check or credit card (VISA/MasterCard). *There is no license fee for schools defined in Indiana Code §9-27-6-6(c)(1) and (4).*

All supporting documents **must be submitted together** at the time of application on mybmvt.com

If you have any questions regarding the application process, please feel free to contact us at drivereducation@bmvt.IN.gov

Driver Training School Instructor Application Process:

1. You must sign in, or create an account, at **myBMV.com** to complete a **[Driver Training School Instructor Application](https://secure.in.gov/BMV/mybmv/Default.aspx)** - This form is submitted electronically and can be accessed by clicking on the hyperlink or by visiting the driver education webpage at - <https://secure.in.gov/BMV/mybmv/Default.aspx>. Complete all required sections of the form in its entirety.
 - a. **Type of Application:** Choose “New” or “Renewal”.
 - b. **Classroom Instruction Only**
 - i. Persons applying to provide instruction only for classroom training must indicate in the check box and need not submit Driver Training School Instructor Physical Examination - State Form 53312 as part of the application.
 - c. **Applicant Information:**
 - i. List name, home address, home telephone number, personal email, and driver’s license number - *Instructors should not use provider emails; the BMV must be able to communicate with you directly through email.*
 - d. **Driver Training School Employer:**
 - i. Name of school, school telephone number, job title, school address.
 - e. **Affirmation of Applicant:**
 - i. Your affirmation will serve as the required signature.
2. **Fingerprint-based full national criminal background check:**
 - a. All driver training school instructor applications require a **fingerprint-based full national criminal background check** dated within 90 days of the application. See attached instructions below for step-by-step instructions to complete this requirement. *The Driver Training department will receive the background check(s) from the Indiana State Police.*
3. **Certified Driving Record:**
 - a. A certified copy of a driving record from the state that issued the applicant’s current driver’s license. Must be dated within 60 days of the application date. *By submitting an application, you acknowledge and allow the Indiana BMV to pull your driver record (free of charge). All out of state applicants must upload their current driving record from the license holding state.*

Items # 4 through # 7 must be submitted as an upload with your application.

4. Driver Education Instructor Physical Exam form - can be found at the bottom of this packet or by visiting the driver education webpage <http://www.in.gov/bmv/2447.htm>.
 - a. Must be signed by a physician (forms signed by a nurse practitioner will not be accepted) and dated within 12 months of the application date. Persons applying to provide instruction for Classroom Training only must indicate on the application and are not required to submit this form.
5. **Name and address of employers for the past five years.**
6. **References:**
 - a. Two letters from persons who are not blood relatives that can provide testimony that the applicant has good moral character.
 - i. Note: The two letters will need to be uploaded together during the application process.
7. **Education:**
 - a. Documentation demonstrating a minimum of 60 semester credit hours at a postsecondary educational institution, which includes nine hours of driver education training (theoretical and behind-the-wheel) consistent with nationally accepted standards in traffic safety.- *Documentation is not required for renewal applications.*

8. License Fee:

- a. \$10 license application fee for a new or renewal requests. Payment must be made electronically by check or credit card (VISA/MasterCard).

All supporting documents must be submitted together at the time of application on mybmV.com

If you have any questions regarding the application process, please feel free to contact us at drivereducation@bmV.IN.gov

Criminal History Background Check Process

Driver Training School and Instructor Applicants

Follow the steps outlined below to complete the required "Fingerprint Based Full National Criminal Background Check" process:

If you do not have access to the internet, you may call toll-free at (877) 472-6917 to schedule an appointment. Please remember to let the scheduler know you are requesting the **full national fingerprint based criminal background check**.

1. Visit www.identogo.com and select Indiana.
2. Select "Online Scheduling" by selecting Indiana. Click on the link for [Out of State residents](#).
3. Choose the language you wish to use for scheduling (English or Spanish).
4. Enter your first and last name and click "Go."
5. Select "**Bureau of Motor Vehicles**" from the drop-down and click "Go."
6. Choose the Applicant Category "**Driving Instructor**" and click "Go."
7. Select the location where you want to be fingerprinted. You may choose a region of the state, click on the map or enter a zip code to get a list of locations in a specific area. Click "Go."
8. Select "Click to Schedule" across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the "Next Week>>" link to display more dates. Once you select the location/date combination, select the time for your appointment and click "Go."
9. Complete the demographic information page. Required fields are indicated by a red asterisk (*). When complete, click "Send Information."
10. Confirm the information. Follow the on screen directions to make any changes necessary. Once you see the data is correct, click "Go."
11. Select your method of payment. The fee is \$39.70 and eCheck, Visa or MasterCard are accepted for online payments. A money order or business check required if paying onsite. Checks must be made out to MorphoTrust.
12. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
13. Bring **one (1)** of the following with you to your fingerprinting appointment: valid driver's license, state issued identification card, valid passport, student identification card with picture and date of birth, work identification card with picture and date of birth, valid permanent resident card with picture and date of birth. If you do not have the above identification, you will need **both** a valid birth certificate and a Social Security card.
14. Arrive at the facility at your appointed date and time.
15. The enrollment officer at the site will check your identification, verify your information, verify or collect payment, capture your fingerprints and submit your data. This normally takes less than five minutes.
16. You will receive a signed receipt at the end of your fingerprinting session that can be provided to your agency for proof of fingerprinting, if needed.
17. All results will be processed and delivered to the Indiana BMV.



STATE OF INDIANA

Eric J. Holcomb, Governor

Peter L. Lacy, Commissioner

Driver Training School Instructor Licensing Application Checklist

The entire application must be completed in order to process your request. If all required documents are not uploaded or information is incomplete, you will not be able to submit your application.

- ☐ **You must complete a Driver Training School Instructor Application – State Form 50515 electronically:** <https://secure.in.gov/apps/bmv/drivered/instructor?execution=e10s1>

Before submitting your online application, make sure you have completed all requirements on this checklist or have the following documents ready to be uploaded:

- ☐ Fingerprint-based full national criminal background check dated within 90 days of the application. *This does not need uploaded. The Driver Education department will receive the background check(s) from the Indiana State Police.* (Instructions attached below.)
- ☐ Certified copy of driving record from the state that issued the applicant's current driver's license and must be dated within 60 days of the application date. *By submitting this application, you acknowledge and allow the Indiana BMV to pull your driver record (free of charge). All out of state drivers need to upload their driver record if you do not hold an Indiana driver license.*
- ☐ [Driver Training School Instructor Physical Examination – State Form 53312](#). Must be signed by a licensed physician and dated within 12 months of the application date. *Persons applying to provide instruction for Classroom Training only must indicate on the application and are not required to submit this form.*
- ☐ Name and address of employers for the past five years.
- ☐ Two letters from persons who are not blood relatives who can provide testimony that the applicant has good moral character.
- ☐ Documentation demonstrating a minimum of 60 semester credit hours at a postsecondary educational institution, which includes nine hours of driver education training (theoretical and behind-the-wheel) consistent with nationally accepted standards in traffic safety. Documentation is not required for renewal applications.
- ☐ \$10 license application fee for a new or renewal requests or \$5 for an amendment to an instructor's license. Payment may be made electronically by check or credit card (VISA/MasterCard) at myBMV.com.

Do you request approval to conduct driving skills test examinations?

☐ Yes

☐ No

Contact Information

Print Name	Phone Number:	Email:
------------	---------------	--------

*By applying for this license I acknowledge that I and this license application are subject to provisions of Title 9 of the Indiana Code and section 140 of the Indiana Administrative Code. This license application and any resulting licensure, if any, may be revoked, suspended, or denied by a finding from the BMV.



An Equal Opportunity Employer



**DRIVER TRAINING SCHOOL
INSTRUCTOR PHYSICAL EXAMINATION**

State Form 53312 (R4 / 1-15)

INDIANA BUREAU OF MOTOR VEHICLES

Indiana Bureau of Motor Vehicles
Attn: Driver Education
100 North Senate Avenue
Room N481
Indianapolis, IN 46204

INSTRUCTIONS:

1. Complete in blue or black ink or print completed form.
2. Form must be completed in its entirety.
3. Applicant must mail this form along with other required instructor application documents to the above address.

PHYSICAL EXAMINATION			
Name of Applicant (<i>last, first, middle initial</i>)		Date of Examination (<i>mm/dd/yyyy</i>)	
Does the applicant have a minimum corrected visual acuity of 20/40 in each eye?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have visual fields of at least 55 degrees in each eyes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant mentally sound?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have any communicable diseases?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have any medical condition that may affect the applicant's ability to operate a vehicle safely, give demonstrations or supervise students operating motor vehicles?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks:			
PHYSICIAN INFORMATION			
Physician License Number		License State	
I certify that I have conducted a physical examination of the above named applicant. I swear or affirm that the information on this form is true and correct. I understand making a false statement may constitute the crime of perjury.			
Signature of Physician		Printed Name	Date (<i>mm/dd/yyyy</i>)
APPLICANT RELEASE			
I authorize the information contained on this form and any attachments to be released to the Bureau of Motor Vehicles.			
Signature of Applicant		Date (<i>mm/dd/yyyy</i>)	



STATE OF INDIANA

Eric J. Holcomb, Governor

Peter L. Lacy, Commissioner

Driver Training School Licensing Application Checklist

The entire application must be completed in order to process your request. If all required documents are not uploaded or information is incomplete, you will not be able to submit your application.

- ☐ **You must first complete and submit a Driver Training School Application – State Form 51567 electronically:** <https://secure.in.gov/apps/bmv/drivedr/license?execution=e2s1>

Before submitting your online application, make sure you have completed all requirements on this checklist or have the following documents ready to be uploaded:

- ☐ *Commercial schools only:* Document verifying the business is properly registered with the Indiana Secretary of State. If the business is a sole proprietorship or general partnership, proof of filing the assumed business name with your local county recorder's office is required.
- ☐ Fingerprint-based full national criminal background check receipt for each of the school's owners dated within 90 days of the application. *This does not need uploaded. The Driver Education department will receive the background check(s) from the Indiana State Police.* (Instructions attached below.)
- ☐ Copies of contracts or agreements with any person who conducts business with the school related to driver education courses.
- ☐ Schedule of all tuition, fees, and charges to be made by the school.
- ☐ Samples of student contracts and registration forms to be used by the school.
- ☐ Certificate of insurance demonstrating the minimum insurance coverage set forth in 140 IAC 4-1.5-2.
- ☐ A completed instructional standards worksheet(s) for each type of instruction provided. Classroom Curriculum Standards and the Behind the Wheel Curriculum Standards.
- ☐ \$100 license application fee. The fee for an amendment of a driver training school license is \$20 per location. Payment may be made electronically by check or credit card (VISA/MasterCard) at myBMV.com. *There is no license fee for schools defined in Indiana Code §9-27-6-6(c)(1) and (4).*

Does your driver training school request approval to conduct driving skills test examinations? If already approved, provide stamp #:

☐ Yes

☐ No

Contact Information

Print Name	Phone Number:	Email:
------------	---------------	--------

*By applying for this license I acknowledge that I and this license application are subject to provisions of Title 9 of the Indiana Code and section 140 of the Indiana Administrative Code. This license application and any resulting licensure, if any, may be revoked, suspended, or denied by a finding from the BMV.



An Equal Opportunity Employer

10/03/2017

Criminal History Background Check Process



If you do not have access to the internet, call toll-free at (877) 472-6917 to schedule an appointment. Please remember to let the scheduler know you are requesting the full national fingerprint based criminal background check. Listed below are the steps to complete the criminal history background check online:

1. Visit www.identogo.com if you are an Indiana resident. Out of State residents click [here](#).
2. Select "Online Scheduling" by selecting Indiana.
3. Choose the language you wish to use for scheduling (English or Spanish).
4. Enter your first and last name and click "Go."
5. Select "**Bureau of Motor Vehicles**" from the drop-down and click "Go."
6. Choose the Applicant Category "**Driving Instructor**" and click "Go."
7. Select the location where you want to be fingerprinted. Choose a region of the state, click on the map or enter a zip code to get a list of locations in a specific area. Click "Go."
8. Select "Click to Schedule" across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the "Next Week>>" link to display more dates. Once you select the location/date combination, select the time for your appointment and click "Go."
9. Complete the demographic information page. Required fields are indicated by a red asterisk (*). When complete, click "Send Information."
10. Confirm the information. Follow the on screen directions to make any changes necessary. Once you see the data is correct, click "Go."
11. Select your method of payment. The fee is \$39.70 and eCheck, Visa or MasterCard are accepted for online payments. A money order or business check required if paying onsite. Checks must be made out to MorphoTrust.
12. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
13. Bring **one (1)** of the following with you to your fingerprinting appointment: valid driver's license, state issued identification card, valid passport, student identification card with picture and date of birth, work identification card with picture and date of birth, valid permanent resident card with picture and date of birth. If you do not have the above identification, you will need **both** a valid birth certificate and a Social Security card.
14. Arrive at the facility at your appointed date and time.
15. The enrollment officer at the site will check your identification, verify your information, verify or collect payment, capture your fingerprints and submit your data. This normally takes less than five minutes.
16. You will receive a signed receipt at the end of your fingerprinting session that can be provided to your agency for proof of fingerprinting, if needed.
17. All results will be processed and delivered to the Indiana BMV.

Revised 2-23-2016



Classroom Training Curriculum Standards

Driver Training School Name:			
Address (<i>number and street, city, ZIP</i>)			
<p>Instructions: Driver training schools shall provide a minimum of 30 hours of classroom training that includes the below standards in accordance with 140 IAC 4-4-1.1. Indicate the format for instruction (i.e. workbook, video, demonstration, etc.) and the source document (i.e. textbook name, PowerPoint author, name of video, etc.). Submit this form along with all other required documents for new and renewal driver training school licensing applications. Attach additional sheets if necessary.</p>			
	Standard	Format for Instruction	Source Document and Publication Date
1	Knowledge of Indiana motor vehicle statutes and administrative rules related to the operation of a motor vehicle.		
2	Railroad-highway grade crossing safety.		
3	Safe driving practices, including how to avoid drivers who display aggressive and unsafe behavior.		
4	Driving techniques for different types of roads and road surfaces and for safe driving near pedestrians, trains, and other vehicles, including, but not limited to, cars, trucks, bicycles, motorcycles, and motor driven cycles.		
5	Driver responsibility, including, but not limited to, automobile maintenance, insurance, use of safety belts and child restraints, passenger safety, and implied consent laws.		
6	Defensive driving practices and techniques.		
7	Accident reporting.		



Classroom Training Curriculum Standards

Standard		Format for Instruction	Source Document and Publication Date
8	Mental attitudes and physical characteristics as related to the operation of a motor vehicle.		
9	How driver use of alcohol, drugs, inhalants, or other substances affects driving ability.		
10	Distracted driving, including the consequences of using cell phones and other hand held devices while driving.		
11	Maintenance of a motor vehicle.		
12	Handling of driver emergencies.		
13	Driving skills, including, but not limited to, lane changing, lane positioning, signaling, merging, signage, highway markings, highway design features as they relate to safe driving, backing, and parallel parking.		
14	Procedure for participation in the organ donation program.		
<p><i>I swear or affirm that the above outline is an accurate representation of my driver training school classroom curriculum in accordance with the laws and rules of the state of Indiana. I understand making a false statement may result in the suspension or revocation of my driver training school license.</i></p>			
Owner Printed Name		Signature	Date (mm/dd/yyyy)



Behind-the-Wheel Driver Training Standards

Driver Training School		
Address (number and street, city, ZIP)		
Waiver Stamp Number (if applicable)		
Instructions: Driver training schools shall provide a minimum of six (6) hours of behind-the-wheel training that includes instruction on the following subjects in accordance with 140 IAC 4-4-1.2. Indicate the hour of behind-the-wheel instruction that each required standard is taught. <i>A student may not complete more than one (1) hour of behind-the-wheel training in a calendar day.</i> Submit this form along with all other required documents for new and renewal driver training school licensing applications.		
Standard		Hour Covered
1	Stopping	
2	Starting	
3	Shifting	
4	Lane changing	
5	Lane positioning	
6	Merging	
7	Signaling	
8	Backing	
9	Parallel parking	
10	Steering	
11	School zones	
12	Speed zones	
13	Intersections	
14	General driving behavior	
15	Dual lanes and multi-lanes	
16	Railroad-highway grade crossing safety	
17	Managing space around the vehicle by adjusting speed and position to avoid conflicts and reduce risk	
18	Sharing the road with other vehicles with special emphasis on motorcycles, bicycles, and large trucks	
19	Distracted driving	
<i>I swear or affirm that the above outline is an accurate representation of my driver training school behind-the-wheel driver training standards in accordance with the laws and rules of the state of Indiana. I understand making a false statement may result in the suspension or revocation of my driver training school license.</i>		
Owner Printed Name		Signature
		Date (mm/dd/yyyy)