



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 170
Trenton, New Jersey 08666-0170
(609) 292-6500 ext. 5014
FAX# 609-292-4400
mvcblsprocessing@mvc.nj.gov

STATE OF NEW JERSEY

Chris Christie
Governor

Kim Guadagno
Lt. Governor

Raymond P. Martinez
Chairman and Chief Administrator

Announcement All Initial Individual License Applicants

The New Jersey Motor Vehicle Commission, Business Licensing Services Bureau (BLS) is pleased to announce that beginning July 10, 2017; BLS will discontinue the practice of requiring an up-front application fees with the submission of an initial individual license application for the following license privileges:

- Driving School Initial Instructor
- Driving School Authorized Agent
- Probationary Driver Program Instructor ("PDP")
- Driver Improvement Program Instructor ("DIP")

This change will bring greater efficiency, recording and accounting for all initial application funds and reduce the risk of lost payments.

A notification requesting payment for the license will be sent after preliminary approval of all licensing requirements. Your license will be mailed or delivered to the driving school once your payment is processed.

Your compliance with this policy is greatly appreciated. For further information on the initial licensing process, call 609 292-6500 x5014.



REMEDIAL DRIVER EDUCATION PROGRAM INSTRUCTOR CHECKLIST

Enclosed are the documents required to apply for an Instructor License for the NJ Remedial Driver Education Program. Instructors may apply for the Probationary Driver Program (“PDP”), the Driver Improvement Program (“DIP”), or both. Requirements are listed below. All required items must be submitted to ensure processing of this application.

General Requirements

Every applicant for an instructor license shall:

- be 21 years old or older;
- be a graduate from a high school or possess a state high school equivalence certificate;
- be the holder of a driver’s license issued by any state, provided the license is not suspended, revoked, or expired, and have at least three consecutive years of licensed driving experience on the public roads and highways;
- have no record of a suspension or revocation on his or her driver’s license, special learner’s permit, examination permit or probationary license during the past two years;
- have no conviction for any of the offenses set forth in N.J.A.C. 13:19-14.9(a) within the last 10 years, in New Jersey or any other jurisdiction;
- have no conviction of a violation of N.J.S.A. 39:4-50 (Driving While Intoxicated) or N.J.S.A. 39:4-50.2 (Refusal to Submit to a Breathalyzer Test) , or a conviction or administrative determination of a substantially similar offense in any other jurisdictions during the past five years;
- be the holder of an instructor certification issued by the sponsor of the curriculum to be used by the provider; the certification must have been issued within the two-year period immediately prior to the date the application is submitted.

Application Requirements

- Completed remedial driver education program instructor application
- Licensing Fee & Term: \$75.00 for a 2-year license (bank draft or money order)
- Copy of the instructor certification or course completion certificate issued by the sponsor to the applicant, indicating the location, dates of attendance, course and identity of the sponsor of the of the instructor certification course attended
- Non-NJ driver license holders
 - Copy of front and back of your driver’s license
 - Certified abstract of your driving record
- ~~Live Scan~~ fingerprint tgs wguv'pqwhecvkp'hqto

Note: Currently licensed New Jersey driving school instructors, who were previously fingerprinted using the Live Scan process and submitted to a criminal history check in NJ for an Instructor License, are not required to be reprinted.



New Jersey Motor Vehicle Commission

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P.O. Box 168
Trenton, New Jersey 08666-0168
(609) 292-6500 ext.5094

REMEDIAL DRIVER EDUCATION PROGRAM INITIAL INSTRUCTOR LICENSE APPLICATION

Official Use Only

Instructor License Type & Number _____

Date: _____

PDP – License Number: _____

DIP – License Number: _____

PERSONAL INFORMATION

First Name _____ Middle Name _____ Last Name _____

Home Address _____

City _____ State _____ ZIP Code _____

Home Phone Number _____ Cell Phone Number _____ Email Address _____

Date of Birth _____ Weight _____ Height _____ Eye Color _____

Any permanent physical marks? Yes _____ No _____ If yes, describe _____

DRIVER LICENSE INFORMATION

Do you possess a current NJ Driver's License?

Yes – NJ DL # _____ Expiration Date _____

Have you held this license for the last three consecutive years? Yes _____ No _____

No – Driver License # _____ Issuing State _____ Expiration Date: _____

NOTE: You must submit: (i) a certified abstract of your driving record if the state of licensure is other than New Jersey, and (ii) a copy of the front and back of your driver's license.

Has your driver's license privilege ever been suspended or revoked in this or any other state? Yes _____ No _____

If yes, explain: _____

DRIVING SCHOOL INSTRUCTOR INFORMATION

Have you ever held a NJ Driving School Instructor License? Yes _____ No _____ If yes, provide DSI # _____

Name of Driving School _____

Have you ever applied for a driving school license or a driving school instructor license in any other state? Yes _____ No _____

Have you ever been denied a driving school license or a driving school instructor license in New Jersey or in any other state?

Yes _____ No _____ If yes, explain: _____

Have you ever been convicted of inducing another to resort to fraud or fraudulent practices in order to secure a license to drive a motor vehicle or motorcycle? Yes _____ No _____ If yes, explain: _____

Have you ever been convicted of any of the offenses enumerated in New Jersey Administrative Code 13:19-14.9(a)?

Yes _____ No _____ If yes, explain: _____

CIVIC AND FEDERAL HISTORY (Including Court Martial)

Record all convictions:

Date	Offense	Court Disposition	Penalty

REMEDIAL DRIVER EDUCATION CURRICULUM CERTIFICATION INFORMATION

(Include additional sheets if needed)

Provide the curriculum information for which you have been certified. You may apply for a **Probationary Driver Program Instructor License**, a **Driver Improvement Program Instructor License**, or both. You must attach a copy of the Instructor Certification or Course Completion certificate issued to you.

PDP Certification Information

Name of Curriculum _____

Curriculum Sponsor of the Instructor Certification Course _____

Sponsor's Address _____

City _____ State _____ ZIP _____

Dates of Attendance: From: mm / day / yr To: mm / day / yr

DIP Certification Information

Name of Curriculum _____

Curriculum Sponsor of the Instructor Certification Course _____

Sponsor's Address _____

City _____ State _____ ZIP _____

Dates of Attendance: From: mm / day / yr To: mm / day / yr

Certification

I acknowledge that I have read and understand the regulations governing the licensing and regulating of remedial driver education programs and instructors, which regulations have been made available to me on the Motor Vehicle Commission's web site, <http://www.state.nj.us/mvcbiz/BusinessServices/pdpdip/htm>.

I certify that all of the information provided herein by me is true. I am aware that, if any of this information is willfully false, I am subject to punishment.

Applicant Name (Print) _____

Applicant Signature _____

Date _____

STATE OF NEW JERSEY
Business Licensing Services Bureau**CHILD SUPPORT CERTIFICATION FORM**_____
Business Name_____
Applicant's Name (Print)_____
Date of Birth_____
Social Security Number

*You *must* disclose your social security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure.

Pursuant to N.J.S.A. 54:50-25 et seq. of the New Jersey taxation law and N.J.S.A. 2A:17-56.7a, N.J.S.A. 2A :17-56.60 et seq. of New Jersey Child Support Program Improvement Act, the licensing agency to which this form is submitted is required to obtain your Social Security number. Pursuant to these authorities, the licensing agency is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law, updating, and correcting tax records;
and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

Under the provisions of N.J.S.A. 2A:17-56.7 et seq., responses to the questions listed below are required. Intentional misstatements may result in administrative action including, but not limited to, denial of licensure, immediate suspension or revocation of the license.

1. Do you have a child support obligation? Yes No

2. If yes, do the arrearage amounts equal or exceed the amount of child support payable for six months? Yes No

3. Are you subject to a child-support warrant? Yes No

I certify that the foregoing responses made by me are true and I am aware that the making of false statements may subject me to contempt of court.

Signature_____
Date

On the Road to Excellence
www.njmvc.gov
New Jersey is an Equal Opportunity Employer

**BUSINESS LICENSING SERVICES BUREAU
SUPPLEMENTARY APPLICATION**

PLEASE PRINT

BUSINESS NAME			BUSINESS PHONE NUMBER	
1. FULL NAME (Including Middle and Suffix, if any)				
2. STREET ADDRESS				
3. CITY	4. STATE	5. ZIP CODE	6. COUNTY	
7. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?			8. HOME PHONE NUMBER	
9. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU HAVE LIVED, AND HOW LONG YOU LIVED IN EACH.				
10. DATE OF BIRTH (MONTH, DAY, YEAR)		11. PLACE OF BIRTH (CITY, STATE OR FOREIGN COUNTRY)		
12. SEX	13. HEIGHT	14. WEIGHT	15. COLOR OF EYES	
16. SOCIAL SECURITY NUMBER*			17. DRIVER LICENSE NUMBER	
<p><small>*You <u>must</u> disclose your social security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure. Pursuant to <u>N.J.S.A. 54:50-25 et seq.</u> of the New Jersey taxation law, <u>N.J.S.A. 2A:17-56.7a</u>, and <u>N.J.S.A. 2A:17-56.8 et seq.</u> of the New Jersey Child Support Program Improvement Act; the licensing agency to which this form is submitted is required to obtain your social security number. Pursuant to these authorities, the licensing agency is also obligated to provide your social security number to:</small></p> <p style="margin-left: 20px;">a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law, updating, and correcting tax records; <u>and</u></p> <p style="margin-left: 20px;">b. the Probation Division or any other agency responsible for child support enforcement, upon request</p>				
18. HAVE YOU EVER BEEN CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE AND/OR VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE TRIED, DATE AND SENTENCE				
<p>I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p>				
SIGNATURE: _____			DATE: _____	



New Jersey Motor Vehicle Commission

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STATE OF NEW JERSEY

Fingerprint Request Notification

In accordance to regulatory requirements, it is mandated that all persons identified in the initial business application (proprietors, partners, corporate officers, applicants, providers, instructors and driving school authorized agents) undergo a live scan criminal background check by the state approved vendor. Submission of your initial business application authorizes the Commission's Business Licensing Bureau to request and receive criminal background check results.

Upon receipt of this notification, each person identified will be mailed a fingerprint application and instructional sheet. Once fingerprinted, the receipt and fingerprint application for each person listed must be forwarded to MVC, as proof of completion. The processing of your business application will not begin until all receipts are received.

Complete the attached Fingerprint Request Notification Form listing each person identified in the business application. If an e-mail address is provided, the documents will be e-mailed to those individuals, otherwise it will be mailed.



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STATE OF NEW JERSEY

Fingerprint Request Notification Form

Business Name: _____ Date: _____

Clearly PRINT the following information for all persons identified in the initial business application (all proprietors, partners, corporate officers, applicants, providers, instructors and driving school authorized agents)

Applicant Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail Address: _____

Applicant Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail Address: _____

Applicant Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail Address: _____