



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 submitted or information is incomplete, the application will be returned to you.

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

After submitting your online application, mail this checklist with the following documents to:

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

- ☐ Fingerprint-based full national criminal background check receipt dated within 90 days of the application. *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).
- ☐ [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. Make check or money order payable to the Indiana BMV, or pay by credit card (VISA/MasterCard).

Do you request approval to conduct driving skills test examinations?

☐ **Yes**

☐ **No**

Contact Information

Print Name	Phone Number:	Email:
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*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>)

