

APPLICATION FOR: DRIVER EDUCATION INSTRUCTOR (\$15) DRIVER TRAINING INSTRUCTOR (\$15)

APPLICATION FOR RENEWAL: DRIVER EDUCATION INSTRUCTOR (\$10) DRIVER TRAINING INSTRUCTOR (\$10)

TO: HIGHWAY SAFETY DIVISION
P.O. BOX 2000
CHARLOTTETOWN, P.E.I. C1A 7N8

The undersigned hereby applies for a permit as a DRIVING EDUCATION INSTRUCTOR, OR DRIVER TRAINING INSTRUCTOR for the year ending December 31, 20 ____, and declares that he/she has the necessary requirements for such appointment. For this purpose, the undersigned submits the following verified statements and answers to the questions contained in this application and remits the license fee in cheque or money order payable to the **Minister of Finance and Municipal Affairs**.

APPLICANT'S NAME: _____
Surname First Initial

APPLICANT'S ADDRESS: _____
Street Town or City County Postal Code

TELEPHONE #: () _____ - _____ (Home), () _____ - _____ (Office)

FAX #: () _____ - _____ (Home), () _____ - _____ (Office)

Driver License Number: _____ Date of Birth: ____/____/____
D M Y

E-Mail Address: _____

Will you be joining a currently licensed driving school? Yes No. (If yes, indicate the name of the driving school and it's location.) _____

Please attach an abstract of your driving record (if from out of province), and a detailed resume, stating the qualifications you hold, school of instruction, and date of qualification.

Length of experience in driver training (if any) _____

Additional training since initial application: (if any) _____

Type of license applying for: Driver Education Classroom Instructor Driver Education Behind the Wheel Instructor Driver Training Behind the Wheel Instructor Driver Training Classroom Instructor
Class of license being taught: 1 2 3 4 5 6 7 Air Brakes

List vehicle to be used: Make _____ Model _____ Year _____ 2Dr. ___ 4Dr. ___ Dual Brakes: Yes No

Photocopy of valid insurance card for vehicle must be attached.

List three (3) character references: (Initial application only)

1. _____
2. _____
3. _____

I do solemnly declare that the above statement is true. I hereby authorize release of any information to Highway Safety at any time pertaining to my Criminal Record, Driving Record, Reference Check and Medical Conditions in support of my Instructor's application.

Date Signature of Witness Date Signature of Applicant

