



Louisiana Department of Public Safety and Corrections
Office of Motor Vehicles
Driving School Instructor/Third Party Examiner Application

Full Name of Instructor	LA Driver's License Number	Instructor's Email Address	
Check the appropriate box for the license applied for:			
<input type="checkbox"/> Instructor		<input type="checkbox"/> Third Party Examiner	
School Name		School License Number	
School Address	City	State	Zip

Instructor Information		
Driver's Education Training:	High School / College:	Instructor's Contact Phone Number
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Background Information				
Answer the following questions below truthfully.			Yes	No
Have you ever been arrested, detained, charged, indicted or summoned to answer and appear for any criminal offense in this state or any other state, excluding minor traffic citations?			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any felony offenses?			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime involving violence, dishonesty, deceit, indecency, or an offense involving moral turpitude within the last ten years?			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any crime enumerated in R.S. 15:587.1(c) (the Child Protection Act)?			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any misdemeanor or felony offenses involving controlled dangerous substance(s) or driving while intoxicated/impaired within the last ten years?			<input type="checkbox"/>	<input type="checkbox"/>
If the answer to any of the above questions is yes, list all required information below. A certified copy of court dispositions on all offenses and convictions is required. Failure to include all information and records will result in delay or denial of the application.				
Offense/Conviction	Date of Offense/Conviction	City, State	Disposition (Attach certified copy of court disposition)	
Fingerprints must be submitted for a background check. See attached fingerprint instructional letter and forms.				

Background Information		
Answer the following questions below truthfully.		
Are you a citizen of the United States or an alien who is lawfully present in the United States and a resident of the State of Louisiana?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you at least 21 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have at least 5 years of Non-Restricted licensed driving experience?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently own or have you previously owned a driving school which had a license that has been revoked or suspended for violation of rules?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what school?		
Dates school was in business:		
Have you ever held a license for driving school instructor?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been a driver education instructor in a secondary school?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, has that license ever been suspended, revoked or non-renewed for violation of the rules?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to either instructor question, list name of school:		
Dates school was in business:		

Employment Information			
Prior Occupations (Last 5)	Beginning Time Period	Ending Time Period	Company

Acknowledgement	
<p>I hereby attest that the statements made in this application are true and correct. I also hereby certify that I have read, understood and will adhere to all rules and regulations in accordance with La. Administrative Code, Title 55, Part III.</p>	
<p>_____ Printed Name of Applicant</p>	<p>_____ Signature of Applicant</p>
<p>_____ Printed Name of Owner</p>	<p>_____ Signature of Owner</p>
<p>_____ Date</p>	
<p>Department Use Only</p> <p>Approved: _____ Denied: _____</p>	