



Driving Instructor Certification Application

Registry of Motor Vehicles Division • Driver Licensing • P.O. Box 55889 • Boston, MA • 02205-5889

Save time, go to mass.gov/RMV to apply online!

IMPORTANT: This application must be completed, signed and dated. An incomplete application will be returned.

A. Applicant Information

Last Name		First Name	Middle Name	Suffix
Date of Birth (MM/DD/YYYY)	Current Massachusetts Driver's License # (if applicable)	Out-of-State Driver's License # (if applicable)	What is your Social Security Number?	
Residential Address (Where you actually reside)				
Street	Apt. #	City	State	Zip Code
Mailing Address <input type="checkbox"/> (same as above)				
Street	Apt. #	City	State	Zip Code
Email		Phone Type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone #	

Emergency Contact Information: (optional)

Email	Name	Phone Type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone #
-------	------	---	---------

Employer Information

Employer Name	Employer Email	Phone #
Employer Address		
Street	City	State Zip Code

B. Service Type

1. Type: Professional Driving School Instructor CDL Instructor School Public High School Driving Instructor
 Driver Skills Development Instructor
2. Application Fees: New Application \$25.00 Renewal Application \$25.00 *(Public High School Instructors exempt from fees)*

C. Mandatory Questions

Have you been charged or convicted of any crime, including motor vehicle violations? Yes No
 If yes, provide details: _____

Are you currently or have you ever been employed with the Massachusetts Department of Transportation or Registry of Motor Vehicles Division? Yes No
 If yes, where? _____

Do you have any immediate family members (parents, spouse, children, brothers, sisters) employed with the Massachusetts Department of Transportation or Registry of Motor Vehicles? Yes No
 If yes, where? _____

False statements are punishable under M.G.L. chapter 90 section 24.

Applicant's Signature: _____ Date: _____

D. Applicant Signature

False statements are punishable under M.G.L. chapter 90 section 24.

Applicant's Signature: _____ Date: _____

See reverse for additional required documentation

E. New Application

All Applicants

If you are not a Massachusetts resident or if you have converted an out-of-state license within the last 5 years, you must provide the following:

- Photocopy of your out-of-state driver's license.
- Original or certified driving record from your home or previous state of residence no more than 30 days old from the date of issue.
- Documentation of High School Diploma (or College Diploma).
- CORI Form

If you are a **Professional Driving School Instructor**, please provide:

- Documentation of successful completion of a 65 hour Driving Instructor Training Course.

If you are a **Public High School Driving Instructor**, please provide:

- Documentation of successful completion of a 65 hour Driving Instructor Training Course.
- Documentation from high school or school committee on official letterhead confirming current employment as a driving instructor.

If you are a **CDL Driving School Instructor**, please provide:

- Documentation of successful completion of a 65 hour Driving Instructor Training Course.
- Documentation of Division of Professional Licensure.

If you are a **Driver Skills Development Program Instructor**, please provide:

- Documentation of 1-year instructor experience at existing DSDP.
- Documentation of 1-year instructor experience at existing PDS and documentation of acquired skills necessary to instruct a DSDP.
- Documentation of successful completion of a DSDP Instructor Training Course.

F. Renewal Application

All Applicants

If you are not a Massachusetts resident you must provide the following:

- Photocopy of your out-of-state driver's license.
- Original or certified driving record from your home or previous residence no more than 30 days old from the date of issue.
- CORI Form

If you are a **Public High School Driving Instructor**, please provide:

- Documentation from high school or school committee on official letterhead confirming employment as a driving instructor



Criminal Offender Record Information (CORI) Acknowledgment Form

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 |



To be used by organizations conducting CORI checks for employment or licensing purposes.

The Massachusetts Registry of Motor Vehicles is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to DCJIS. I hereby acknowledge and provide permission to the Massachusetts Registry of Motor Vehicles to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Massachusetts Registry of Motor Vehicles with written notice of my intent to withdraw consent to a CORI check.

I also understand, that the Massachusetts Registry of Motor Vehicles may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date

A. Applicant Information

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (*) are required.

*First Name		*Last Name		Middle Name	Suffix
Former Last Name #1			Former Last Name #2		
Former Last Name #3			Former Last Name #4		
*Date of Birth (MM/DD/YYYY)		Place of Birth		*Last SIX digits of Social Security Number (SSN)? <input type="checkbox"/> No SSN	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Height (feet, inches) Ft. In.	Eye Color			Race
Driver's License of ID Number			State of Issue		
Father's Full Name			Mother's Full Name		
Current Address					
* Residential Address (Where you actually reside)					
Street		Apt. #	*City	*State	Zip Code

B. Notarization Section – this section must be completed by a notary public

"On this ____ day of _____, 20 __, before me, the undersigned notary public, _____
(name of applicant) personally appeared, proved to me through satisfactory evidence of identification, which were
_____, to be the person who signed the preceding or attached document in my presence and who swore or
affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

Seal of Notary Public

Notary Public Signature _____

Commonwealth of Massachusetts

County of _____

Commission Expires: _____