COMMERCIAL DRIVER TRAINING INSTRUCTOR LICENSE APPLICATION

North Dakota Department of Transportation, Drivers License
SFN 13960 (11-2016)

Name of Instructor			Application Year
Address	City	State	ZIP Code
Drivers License Number	Date of Birth	☐ Male ☐ Female	
Ever Been a Resident of or Licensed in Another State? ☐ No ☐ Yes	If Yes, list city, state, and year		
Name of Commercial Driving School Instructing For:			
Authorized to Sign Agreements/Contracts/Certificates? ☐ No ☐ Yes			

Previous Employers: (Last five years)

Name	Address	Date

Previous Driver Training Instructor Experience: ☐ No ☐ Yes - list locations and dates below

Name of School	Address	Date

Holder of Valid Certificate from the Department of Public Instruction? ☐ No ☐ Yes	Expiration Date

I, , hereby authorize the Director of the North Dakota Department of Transportation or his authorized representative to investigate my background and any criminal record I may have, and to review my driving record.

Signature	Date

A $10 fee must accompany this application. Make check or money order payable to the Drivers License Division at:

DRIVERS LICENSE DIVISION
NORTH DAKOTA DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0750