APPLICATION FOR TRUCK DRIVER TRAINING SCHOOL INSTRUCTOR

State Form 54903 (R / 5-15)
Approved by State Board of Accounts, 2015
INDIANA BUREAU OF MOTOR VEHICLES

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100 N Senate Ave., Rm N481
Indianapolis, IN 46204

INSTRUCTIONS:

1. *Complete in blue or black ink or print form.*
2. *Complete all sections below and mail to the Bureau of Motor Vehicles at the address listed above for new or renewal applications.*
3. *Refer to the BMV website, myBMV.com, for instructions on the application process.*
4. *Any changes in employment requires immediate written notification to the Bureau of Motor Vehicles.*
5. *All items in Section E must be included with this application.*
6. *Attach additional sheets, if necessary.*
7. *Include $10.00 check or money order made payable to the Indiana Bureau of Motor Vehicles.*

SECTION A: GENERAL INFORMATION

Type of Application	Classroom Only?
☐ New ☐ Renewal	☐ Yes ☐ No

SECTION B: APPLICANT INFORMATION

Name of Applicant (*last, first, middle initial)*		Date of Birth *(mm/dd/yyyy)*	
Home Address *(number and street)*	City	State	ZIP Code
Telephone	Instructor's Email	Driver's License Number	

SECTION C: TRUCK DRIVER TRAINING SCHOOL EMPLOYER

Name of Truck Driver Training School Employer		Employer Telephone ( )	
Address of Employer (number and street)	City	State	ZIP Code

SECTION D: QUESTIONS

1. Have you been convicted of operating a vehicle while under the influence of alcohol or a controlled substance within the last three (3) years? *If yes, explain.*	☐ Yes ☐ No
2. Has your driver's license been suspended, revoked, canceled or disqualified within the last three (3) years? *If yes, explain.*	☐ Yes ☐ No

SECTION E: REQUIRED DOCUMENTS

All of the following documents must be submitted with this application. Additional sheets may be attached, if necessary.

- ☐ Limited criminal history background check dated within ninety (90) days of application.
- ☐ Driver Training School Instructor Physical Examination State Form 53312 dated within twelve (12) months of application.
- ☐ Two (2) letters from persons who are not blood relatives stating you have good moral character.
- ☐ Certified copy of your driver record from the state that issued your current driver's license.
- ☐ Name and address of each of the applicant's employers for the past five (5) years.

SECTION F: AFFIDAVIT OF APPLICANT

I swear or affirm that all answers, statements and all other matters contained herein are true and correct. I understand that making a false statement on this form may constitute the crime of perjury.

Signature of Applicant	Date *(mm/dd/yyyy)*
Printed Name	