**APPENDIX** A

## APPLICATION TO

## THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES FOR DELAP

**DRIVER EDUCATION SPECIALIST CERTIFICATION** 

## DELAP - Driver Education Specialist- Revised 01/18/2018

			For Department Use Only       Approved By:         Assigned to Monitor			
STATE OF FLORIDA			Signature			
Department of Highway Safety and Motor Vehicles Division of Motorist Services Application for Driver Education Specialist Please Print or Type			Date DOE Driver Ed. Endorsement and Teacher's Certification Verified ( ) Criminal History Check ( ) Driving Record Check ( )			
Applicant Name			Date of Birth			
As Appears on Driver License			Month, Day, Year			
Applicant Address	Street/PO Box	City	County	State	Zip Code	
Home Phone	Business P	'hone				
Driver License Nu	mber	State				
Social Security NumberEmail Address						
What County School Board are you being employed by						
What School(s) will you be working at						
Are you currently or have you previously been employed as a Driver Education Specialist with another school? Yes () No ()						
If yes, please state the school						
I certify under the penalty of perjury that the following facts are true and accurate to the best of my knowledge, information and belief:						
1. I am employed by a certified Driver Education Administrator named below, or will be employed by that Driver Education Administrator as a prior and necessary condition of being authorized by the Department of Highway Safety and Motor Vehicles to conduct driver license exams.						
2. I am at least 21 years of age.						
3. I have not been convicted of any criminal offense bearing on my ability to fill a position of trust as a Driver Education Specialist, including but not limited to the crimes of fraud, sexual offense, and/or moral turpitude at any time, and other felonies or first degree misdemeanors within the past ten years. My signature below indicates my consent to the investigation and release of information in support of this statement to authorized DHSMV personnel from law enforcement agencies and other individuals or organizations. I understand that the Department will require a criminal history information request for this purpose. Each Driver Education Specialist Applicant must submit to a fingerprint-based criminal history check performed by a "Live Scan" Provider. Once the Specialist application has been approved, we will provide the FLHSMV ORI# that will be needed by the Live Scan provider and that provider will send the results of the criminal history background check to the Department. The criminal history payment is the responsibility of the Driver Education Specialist Applicant/Driver Education Administrator. The background check must be performed within 90 days of the date of the application. If the school has completed a criminal history check within the last 90 days on the Driver Education Specialist Applicant, that criminal history information must be forwarded to the Department's ORI Number. The Department will review all criminal history information, make the final determination on their eligibility and notify the Administrator of any disqualifying convictions, as specified in this paragraph, with the denial of the Specialist Application/Contract packet.						
4. I hold a valid	I hold a valid driver license.					
5. I have succes	I have successfully completed the Department of Education training program for certification as a Driver Education Specialist.					
6. I am not a cu	5. I am not a current employee of the Division of Motorist Services or of a county Tax Collector serving as a licensing agent.					
Signature Driver Education Specialist Applicant			Da	te		
	Driver Education Specialist Ap	plicant				
Driver Education A	Administrator Print Name of School Board or Private Sch	hool		Identification Numb	ber	
Name						
Name Au	thorized Agent for the Driver Education Administrator		·			
Signature			Da	ite		
-	Authorized Agent for the Driver Educatio	n Administrato				