

APPENDIX A

**APPLICATION TO
THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
FOR DELAP
DRIVER EDUCATION SPECIALIST CERTIFICATION**



STATE OF FLORIDA

Department of Highway Safety and Motor Vehicles Division of Motorist Services

Application for Driver Education Specialist

Please Print or Type

For Department Use Only Approved By:

Assigned to Monitor

Name

Title

Signature

Date

DOE Driver Ed. Endorsement and Teacher's Certification Verified ()

Criminal History Check () Driving Record Check ()

Applicant Name As Appears on Driver License Date of Birth Month, Day, Year

Applicant Address Street/PO Box City County State Zip Code

Home Phone Business Phone

Driver License Number State

Social Security Number Email 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.
4. I hold a valid driver license.
5. I have successfully completed the Department of Education training program for certification as a Driver Education Specialist.
6. 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 Date

Driver Education Administrator Print Name of School Board or Private School Identification Number

Name Authorized Agent for the Driver Education Administrator

Signature Authorized Agent for the Driver Education Administrator Date