

**DRIVER TRAINING INSTRUCTOR'S
LICENSE APPLICATION
R-7A REV. 12-2021**

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER EDUCATION UNIT



NAME OF APPLICANT		DMV USE ONLY		
RESIDENT ADDRESS (Number and Street)		INSTRUCTOR NUMBER	INSPECTOR BADGE NO.	DATE
(City or Town)	(State)	LICENSE <input type="checkbox"/> INITIAL <input type="checkbox"/> RENEWAL <input type="checkbox"/> DUPLICATE		FEE COLLECTED
MAILING ADDRESS (If different)		GENDER (Circle one) M F X		WEIGHT
SCHOOL TYPE APPLYING FOR <input type="checkbox"/> SECONDARY/VOCATIONAL <input type="checkbox"/> COMMERCIAL DRIVING <input type="checkbox"/> OTHER (Explain)		DATE OF BIRTH	EYE COLOR	HAIR COLOR
NAME OF SCHOOL FOR WHICH YOU INTEND TO TEACH		HAVE YOU HAD A MOTOR VEHICLE OPERATOR'S LICENSE FOR THE PAST FOUR (4) CONSECUTIVE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		STATE
ADDRESS OF SCHOOL FOR WHICH YOU INTENDED TO TEACH (Number and Street)		OPERATOR LICENSE NUMBER		
(City or Town)	(State)	(Zip Code)	SOCIAL SECURITY NUMBER	E-MAIL ADDRESS

Please answer all questions below to the best of your ability. Applicants providing false information are subject to prosecution to the fullest extent of the law.

1. HOW LONG HAVE YOU RESIDED IN THE TOWN OR CITY LISTED ABOVE?	2. WHERE WAS YOUR PREVIOUS PLACE OF RESIDENCE?			
3. DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENCY CERTIFICATE ISSUED BY THE STATE BOARD OF EDUCATION (If yes, provide name of high school or Board of Education certificate number.)				
4. HAVE YOU BEEN TREATED FOR FAINTING SPELLS, DIZZINESS, HEART DISEASE, SEIZURES OR OTHER DISABILITIES? (If yes, explain below.)	5. HAS YOUR OPERATOR'S LICENSE OR REGISTRATION PRIVILEGES EVER BEEN REFUSED, REVOKED, OR SUSPENDED BY ANY STATE? (If yes, indicate where, when, and why below.)			
6. DO YOU HAVE AN ADDICTION TO ALCOHOL AND/OR OTHER DRUGS.	7. ARE YOU REQUIRED TO TAKE DRUGS ON A REGULAR BASIS FOR A MEDICAL CONDITION THAT MAY AFFECT YOUR ABILITY TO DRIVE?			
8. HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF LAWS OTHER THAN THOSE PERTAINING TO THE USE OF A MOTOR VEHICLE? (If yes, explain.)	9. HAVE YOU EVER BEEN CONVICTED FOR VIOLATIONS OF LAWS, REGULATIONS, OR ORDINANCES OF ANY STATE PERTAINING TO USE OF A MOTOR VEHICLE? (If yes, explain)			
10. HAVE YOU COMPLETED AN APPROVED 45 HOUR INSTRUCTORS TRAINING COURSE?	WHERE COMPLETED	WHEN COMPLETED	CLASSROOM HOURS	BEHIND THE WHEEL HOURS
11. HAVE YOU COMPLETED AN APPROVED ADDITIONAL 45 HOURS OF TRAINING?	WHERE COMPLETED	WHEN COMPLETED	CLASSROOM HOURS	BEHIND THE WHEEL HOURS

I, the undersigned, declare under penalty of false statement that I have truthfully answered and/or provided all requested information to the best of my knowledge and ability.

APPLICANT'S SIGNATURE X	DATE SIGNED
WITNESS/SCHOOL OWNER SIGNATURE X	DATE SIGNED

CERTIFICATE OF EMPLOYMENT

This is to certify that the undersigned is employed in a secondary/vocational school system/or commercial driver education program in which the applicant will teach/instruct driver education in a DMV approved program.

SCHOOL NAME AND ADDRESS	PHONE NUMBER	DATE SIGNED
SCHOOL ADMINISTRATOR SIGNATURE X	TITLE	DATE SIGNED

EXAMINATION RESULTS - DMV USE ONLY					
V I S I O N	BOTH	LEFT	RIGHT	DATE OF ROAD TEST	R-250 ATTACHED <input type="checkbox"/> PASSED <input type="checkbox"/> REJECTED
	WITHOUT GLASSES			DATE OF RETEST	R-250 ATTACHED <input type="checkbox"/> PASSED <input type="checkbox"/> REJECTED
	WITH GLASSES			NUMBER OF RETEST	<input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD
	COLOR			NOTE: ATTACH CRIMINAL HISTORY INVESTIGATION RESULTS	
	RESTRICTED				
DEPTH PERCEPTION			INSPECTOR'S SIGNATURE X	TITLE	DATE SIGNED
			DMV ADMINISTRATOR'S SIGNATURE X	TITLE	DATE SIGNED