

APPLICATION FOR NEW MASTER INSTRUCTOR
R-394 New 10-2013

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER EDUCATION UNIT



Full name of applicant (Last, First, MI)		Employer	
Home Address		Address	
City, State, Zip		City, State, Zip	
Daytime Phone	Email	Phone	Fax
Connecticut Operator's License Number: _____			Date of Birth: _____
Classifications and Public Transportation Endorsements: (Circle all applicable)	Class: A B C D	Place of Birth: (City & State)	
	Endorsements: A V S P F	Number of Years Licensed:	
Restrictions: L K B M N	High School Education: (School Name and year of Graduation)		
Have you ever been refused a driver's license by any state? If so, explain.		Number of Years School Bus Driver:	
Has your license or registration ever been revoked or suspended in any state? If so, explain.			
Have you ever been convicted or fined for a motor vehicle violation other than parking? (If yes, give dates and offenses).			
Have you ever been convicted of a crime? Give dates and offenses.			
How long have you been a certified school bus driver trainer?			
Instructor's Number:			

Certification: I certify under penalty of false statement (per CGS §14-110 ref. 53a-157) that the above information is true and accurate on the date of this application.

Applicant's Signature

Date

I recommend this applicant for approval as a master instructor. He/she is employed by me and is a proficient driver with good communication skills. Upon successful completion of training, the applicant will be utilized as a master instructor.

Employer's Signature

Date

Send Completed and Signed Applications to:
DMV - Driver Education Unit, 60 State Street, Room 305, Wethersfield, CT 06161

FOR DMV USE ONLY Approval granted _____ Date _____ Signed _____