



# Private Driver Training School Professional Staff Application

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Please be advised that incomplete applications may be returned to the school and may result in a delay or denial of licensure. Please type or print in blue or black ink. Submit the completed application to the following address:

Pennsylvania Department of Education  
Private Driver Training Schools  
607 South Drive 4<sup>th</sup> Floor  
Harrisburg, PA 17120

For each original application filed with the Department, the applicant will be granted three opportunities to pass the written examination and three opportunities to pass the practical examination after passing the written examination. See 22 Pa. Code § 101.152

## **You *must* submit the following information with this application:**

A recent photograph of the applicant

Certified check or money order payable to the "***Pennsylvania Department of Revenue***" to cover the appropriate fee:

Initial teacher application with a driving school - \$30.00

Initial agent application with a driving school - \$5.00

Three letters of reference. Two letters should be professional in nature originating from either a current or past employer, and one letter may be a personal reference, none of whom are related to the applicant or are in any way connected to the school in which the applicant is seeking employment.

Applicant's original 3-Year Driving Abstract from the Pennsylvania Department of Transportation

A copy of the applicant's Pennsylvania Child Abuse History Clearance from the Department of Human Services

Applicant's original Pennsylvania State Police Criminal Record Check

Applicant's Unofficial Copy of the Results of your Federal Criminal History Background Check Use Code 1KG6XN (for more information related to background checks, please see instructions on the PDE Driver and Safety Education website).

A copy of applicant's valid Pennsylvania Teacher Certificate, showing certification in Driver and Safety Education, if requesting exemption from the theoretical and practical examinations.

## Private Driver Training School Information

You *must* complete all blanks. Address of school needs to be the mailing address.

Name of School:

Name of Owner/Driving School Director:

Reporting Code:

Mailing Address of School:

County:

Phone Number:

Email Address:

School Website (if applicable):

### Applicant Information:

Please check the appropriate position(s):

Agent

Driving School Director

Teacher (behind-the-wheel)

Teacher (theory)

Name:

Driver's ID #:

Home Address:

Email Address:

Phone Number:

## Driving Information for Teacher/Instructor Applicants and Driving School Directors

Check One:

- I certify that I have driven a distance of 15,000 miles under all kinds of weather conditions in both urban and rural areas as an unpaid licensed operator of a motor vehicle.
- I have attached statements from previous or current employers, in affidavit form, attesting that I have driven a combined distance of 15,000 miles under all kinds of weather conditions in both urban and rural areas as a paid licensed operator of a motor vehicle.

## Education for Teacher/Instructor Applicants and Driving School Directors

	Name of Institution	City and State	Diploma/Degree Granted	Dates Attended (Month/Year)
High School				
College/University				
College/University				

## Teaching Information or Work Experience for Teacher/Instructor Applicants and Driving School Directors

	Name of Employer	City and State Located	Position Held	Subjects Taught	Dates (Month/Year)
Current or Most Recent					
Previous					
Previous					

## Teaching Certificate Issued by the Pennsylvania Department of Education (if applicable)

Certificate #:

Date Issued:

Subjects Listed:

### Evidence of Employment

I request that this applicant, as indicated above, be licensed for employment with my private driver training school.

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Name of Owner, Driving School Director or Chief Executive Officer

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Signature of Owner, Driving School Director or Chief Executive Officer

### Health Certificate for Professional Staff

I certify that I am a physician legally qualified to practice medicine in the Commonwealth of Pennsylvania and that I have examined the applicant and find said applicant neither mentally nor physically disqualified by reason of tuberculosis, or any other chronic or acute defect from performing the duties of a driver education teacher or agent of a driving school.

### Examining Physician's Information

Address:

Phone Number:

License Number:

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Print Name

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Signature

## Good Moral Character Analysis

All PDTS professional staff must be “of good moral character.” See 24 P.S. § 2834(2) (a); 22 Pa. Code § 101.142(1). Answer Yes or No to the following questions.

- Yes  No Have you ever been the subject of a child abuse investigation or report in this state or any other state, territory or country?
- Yes  No Are you currently the subject of any misconduct investigation by an employer?
- Yes  No Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending, or under investigation?
- Yes  No Is there disciplinary action pending by a licensing agency in this state or any other state, territory or country?
- Yes  No Have you ever had certificate or license for any profession denied revoked, suspended, surrendered, or received public reprimand in this state or any other state, territory or country?
- Yes  No Have you ever been convicted of a crime classified as a misdemeanor or felony in this state or any other state, territory or country?
- Yes  No Are criminal charges pending against you, or are the subject of an inquiry or investigation by a law enforcement agency in this state or any other state, territory or country?

## References

All individuals applying for licensure as a Private Driver Training School instructor must submit a list of names, addresses and daytime telephone numbers of three persons serving as character references for the applicant, none of whom are related to the applicant or are in any way connected to the school in which the applicant is seeking employment.

To expedite the application process the applicant may choose to submit three letters of reference with their application packet. The purpose of the reference letters is to assist PDE in the review and evaluation of the applicant’s moral character.

At least two reference letters should be professional (e.g., a current or past employer). One reference letter may be a personal reference.

The reference letters must contain the name, address and daytime telephone number of the reference. The reference letters must also include:

- The length of time the reference has known the applicant;
- The nature of the relationship between the reference and the applicant;
- If the reference is aware of any criminal convictions in the applicant’s background;
- If the reference is aware of any negative information that indicates it would be unsuitable for the applicant to work in a one-on-one situation with minors; and,
- An attestation to the applicant’s moral character.

None of the references are to be related to the applicant or in any way connected to the Private Driver Training School in which the applicant is seeking employment.

# Affidavit

**Please be certain that proper signatures are provided and that the application is notarized.**

I certify that I am of good moral character and at least 18 years of age.

I certify that the foregoing statements are true and correct to the best of my knowledge and belief. I have read the Private Driver Training Schools Act, 24 P.S. § 2831 et seq., and supporting regulations found at 22 Pa. Code, Chapter 101 and certify that I will comply with all requirements.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary

## Department Use Only

Date Received: \_\_\_\_\_

Check/Money Order #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Log #: \_\_\_\_\_

Date Receipt Letter Mailed: \_\_\_\_\_

Date Scheduled: \_\_\_\_\_

Date Passed: \_\_\_\_\_

Date ID Cards Mailed: \_\_\_\_\_