

**BUREAU OF MOTOR VEHICLES  
DRIVER EDUCATION PROGRAM  
#29 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0029  
Telephone: (207) 624-9000 ext. 52128  
Fax: (207)624-9158**

**REQUIREMENTS TO UPGRADE FROM CLASS B TO CLASS A INSTRUCTOR LICENSE**

**Class C Vehicles**

- ❖ Must submit proof (i.e. a college transcript) of successful completion, within the last three (3) years, of the following college level courses:
  1. Basic Driver Education (EDIS 433-51) or its equivalent.
  2. Approved Methods of Instruction course or a valid teaching certificate.

**Class A or B Vehicles**

1. Commercial Vehicle Class A Instructor Course.

This application may also be used for other upgrades not listed above. Please submit proof of completion of the required courses.

Upon the successful completion of the above requirements, the application will be reviewed by the Secretary of State, Driver Education Program. Please be aware that acting as a Class A Instructor without a Class A license is considered a Class E crime in the State of Maine.

Please be informed that it is the responsibility of the licensee to notify the Driver Education Program of any change in the original license (such as change of address, telephone number, or association with a different school). Also, all correspondence and renewal notices will be sent to the licensee's last known address. If you have any questions or concerns, please contact this office at the above address or telephone number.

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**AUGUSTA, MAINE 04333-0029**

**Telephone: (207) 624-9000 ext. 52128**

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**Exp.**

**APPLICATION TO UPGRADE FROM CLASS B TO CLASS A LICENSE**

Applicant's Name \_\_\_\_\_

School Affiliation \_\_\_\_\_ School Tel.# \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Telephone# \_\_\_\_\_ Cell# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Address \_\_\_\_\_

*If different from above*

County \_\_\_\_\_

1. Check  any conditions below to which you are or have been subject to:

- |  |   |
|--|---|
| <input type="checkbox"/> epilepsy/seizures               | <input type="checkbox"/> heart trouble                      |
| <input type="checkbox"/> blackouts/loss of consciousness | <input type="checkbox"/> diabetes                           |
| <input type="checkbox"/> stroke/shock                    | <input type="checkbox"/> Parkinson's disease                |
| <input type="checkbox"/> mental/emotional                | <input type="checkbox"/> paralysis                          |
| <input type="checkbox"/> limb amputation                 | <input type="checkbox"/> other disability...(explain below) |
- \_\_\_\_\_
- \_\_\_\_\_

**Note:** If you checked any box in question 5, please submit the enclosed medical evaluation form (CR-24) together with your completed application.

2. Have you satisfactorily completed a Methods of Instruction course or its equivalent?  
( ) NO ( ) YES....(If yes, please submit proof or a valid teaching certificate.)

3. Have you taken the Basic Driver Education (EDIS 433-51) course or its equivalent?  
( ) NO ( ) YES....(If yes, please submit proof.)

4. If you are a commercial vehicle instructor, have you taken the Commercial Vehicle Class A Instructor Course? ( ) NO ( ) YES...(If yes, please submit proof)

5. Has your privilege to provide driver education, register or operate a motor vehicle ever been suspended or revoked in this state or any other state or province?  
( ) NO ( ) YES....(If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

6. Have you ever been convicted of violating a motor vehicle law in Maine or any other state or province? ( ) NO ( ) YES...(If yes, please write date(s), type(s) and where violation occurred) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever been convicted of a crime, other than a traffic offense, in Maine or any other state or province? ( ) NO ( ) YES....(If yes, please write date(s), type(s), and where violation occurred) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Is there any proceeding now pending relative to any suspension, revocation, or violation listed in questions 5,6 or 7 above? ( ) NO ( ) YES...(If yes, please explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT**

This statement is made in accordance with the Federal Privacy Act of 1974, Section 7(b). Disclosure of your social security number is mandatory and is required by 29-A MRSA § 1301(5) and (6) to apply for or renew a driver's license or non-driver identification card. Your social security number will be used solely for identification purposes and will be kept confidential.

*I AM THE APPLICANT FOR A DRIVER EDUCATION INSTRUCTOR LICENSE AND THE INFORMATION CONTAINED HEREIN IS TRUE. I UNDERSTAND THAT KNOWINGLY SUPPLYING FALSE INFORMATION ON THIS FORM IS A CLASS D CRIME AND THAT ANY FALSE INFORMATION WILL RESULT IN THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED TO ME.*

\_\_\_\_\_  
Signature of Applicant in Full

\_\_\_\_\_  
Date of Application