



# Application for a British Columbia Driver Training Instructor's Licence

**PLEASE READ THE INSTRUCTIONS ON THE BACK OF THIS FORM PRIOR TO COMPLETING.**

I hereby apply to the Insurance Corporation of British Columbia for a Driver Training Instructor's Licence in accordance with the provisions of the Motor Vehicle Act and Regulations of the Province of British Columbia.

## Section 1 Personal Information

SURNAME		GIVEN NAMES		DRIVER'S LICENCE #	DATE OF BIRTH (dd/mmm/yyyy)
STREET ADDRESS				CITY	POSTAL CODE
TELEPHONE	CELL PHONE (IF AVAILABLE)	EMAIL ADDRESS (REQUIRED)		FACSIMILE (IF AVAILABLE)	

## Section 2 Licence Application Details

**Application Type**

Original (Requires the completion of an instructor training course – see back of form for details)

Renewal    Reinstatement    Duplicate

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**Designation(s)**

I am applying for a Driver Training Instructor's Licence with the following Designation(s):

Class(es): ①   ②   ③   ④   ⑤/⑦   ⑥/⑧

GLP (Requires completion of a GLP Instructor Course – see back of form for details)  
(If required, attach Driver Training Instructor's Course Completion Certificate (MV2488) provided by Instructor Training Facility)

Theory (Requires the completion of the Defensive Driving Course for Instructors – see back of form for details)  
(If required, attach proof of completion)

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If affiliated with a driving school(s), list the name(s) \_\_\_\_\_

## Section 3 Application Requirements Checklist

To assist you in completing this application, please check off only the items applicable to your submission

Driver Training Instructor Medical Evaluation Form (MV2096)

Driver Training Instructor Medical Examination Request/Consent Form (MV2097)

Criminal Record Search (within Canada)

Have you been charged or convicted of a criminal offence in a jurisdiction outside of Canada?

Yes    No

If Yes, provide further details on a separate sheet and attach to your application (i.e., location and date of offence, description, results/outcome)

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**Instructor Licence fees** (fees are payable to ICBC – see back of form for further details)

\$30.00 for an original or renewal licence

\$15.00 for each duplicate or additional licence required

Number of Licenses required? \_\_\_\_\_ Total amount enclosed: \$ \_\_\_\_\_

## Section 4 Declaration

To the Insurance Corporation of British Columbia

By signing this form I declare that:

- the information provided in support of this application is true and correct;
- I acknowledge that failure to provide full disclosure may result in the denial of my application and/or the cancellation of any licence issued to me;
- I have disclosed any affiliation with ICBC (employed by a Driver Licensing Centre or Appointed Agent/Government Agent's office).

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## INSTRUCTIONS FOR COMPLETING THIS FORM

### Section 1 — Personal Information

Please complete this section in its entirety in order for us to confirm your identity and contact you when necessary. We also require that you provide your email address so that we are able to send you timely information relating to applicable driver training programs and ICBC initiatives.

### Section 2 — Licence Application Details

This section is used to identify the type of instructor's licence you are applying for.

- **Application type**

*Original* – 1<sup>st</sup> British Columbia Driver Training instructor's licence issued. Requires the satisfactory completion of an Instructor Training Course conducted by an authorized Instructor Training Facility. Upon satisfactory completion of an instructor training course, a *Driver Training Instructor's Course Completion Certificate* (MV2499) will be issued by the facility. This certificate must be provided to the Driver Training Unit as proof that the requisite training has been completed.

*Renewal* – For renewal of instructor's licence. Instructor licences expire on the last day of the 24<sup>th</sup> month from date of issue.

*Reinstatement* – Instructors may reinstate their instructor's licence within 2 years of their instructor licence expiry.

*Duplicate* – When applying for duplicate (additional or replacement) licences.

- **Applicable Classes:**

Example 1: If you are applying for an instructor's licence to teach class 5/7 (car), check off the following:

①   ②   ③   ④    ⑤/ ⑦   ⑥/⑧

Example 2: If you are applying for a class 1 instructor's licence, you are entitled to the following designations:

①    ②    ③    ④    ⑤/ ⑦   ⑥/⑧

- **GLP designation**

This designation is applicable to Licensed Driver Training Instructors who have satisfactorily completed a *GLP Instructor course*. A *GLP Instructor Course Completion Certificate* (MV2488) must be attached if this is the first time applying for this designation.

- Authorizes the instructor to teach an ICBC-Approved Driver Education Course
- Automatically entitles the instructor to a theory designation on his or her instructor's licence

- **Theory designation**

Satisfactory completion of the *Defensive Driving Course for Instructors* will allow an instructor to receive a theory (classroom) designation on his or her instructor's licence. Proof of completion must be attached if this is the first time applying for this designation. This designation does not authorize an instructor to conduct ICBC-Approved Driver Education Courses.

### Section 3 Application Requirements Checklist

This section identifies the requirements that individuals must meet in order to obtain an instructor's licence. Check only the boxes that apply to your application.

**Criminal Record Search – to be conducted by an RCMP or Municipal Police Detachment**

This is required for original and renewal applications. Note: If you have been charged or convicted of a criminal offence in a jurisdiction outside of Canada, you must provide details on a separate sheet and attach it to your application (i.e., location and date of offence, description, results/outcome)

**Proof of Experience**

Proof of experience can usually be determined by an applicant's driving record; however, in some cases, additional proof of experience may be necessary. This will be determined during review of the application by the Driver Training Unit. For details on experience requirements, refer to Division 27 of the *Motor Vehicle Act Regulations*. This is required for original applications only if requested.

**Driver Training Instructor Medical Evaluation Form (MV2096)**

This form is to be completed by the applicant's family physician. It is required for original and renewal applications only.

**Driver Training Instructor Medical Examination Request/Consent Form (MV2097)**

This form is to be completed by the applicant. It is required for original and renewal applications.

### Instructor Licence Fees (payable by cheque or credit card (Master Card or Visa only))

- Fees are payable to the Insurance Corporation of British Columbia (ICBC)
- The cost of an original or renewal licence is \$30.00. There is \$15.00 fee for each duplicate (additional or replacement) licence required
- Each licence purchased is accompanied by a wallet size version

### Section 4 — Declaration

You must sign this section to declare that the information provided in the application is true and correct. By signing this declaration, you are also confirming that you have disclosed any affiliation with ICBC (i.e., employed by a Driver Licensing Centre or Appointed Agent/Government Agent's office).



**Driver Training Instructor  
Medical Examination Request/Consent**

This form must be completed and signed by the Driver Training Instructor/Applicant for ICBC and the Superintendent of Motor Vehicles to obtain/share copies of medical information for the purposes of assessing the instructor/applicant's fitness to be licensed as a driver training instructor or as a driver for the applicable class.

**Driver Training Instructor/Applicant Authorization (please print)**

I, \_\_\_\_\_  
SURNAME FIRST NAME & INITIALS

of \_\_\_\_\_  
STREET/PO BOX/RR# CITY, PROVINCE POSTAL CODE

the holder of British Columbia Driver's Licence Number \_\_\_\_\_  
DRIVER'S LICENCE NO.

\_\_\_\_\_, do hereby authorize the  
DATE OF BIRTH (ddmmmyyyy)

Insurance Corporation of British Columbia (ICBC), Driver Training Unit and the Superintendent of Motor Vehicles, to obtain/share copies of my most recent medical examination, specialist, visual and hearing report(s). I understand that ICBC and the Superintendent of Motor Vehicles agree to share the above noted information for the purposes of:

- The Insurance Corporation's Medical Advisor in order to assess my fitness to be licenced as a Driver Training Instructor for the applicable class(es) and;
- The Superintendent to assess my fitness to be licensed as a driver for the applicable class (You must contact our department if you wish to have medical information forwarded for review in support of maintaining your Driver's Licence).

**Note:** If the examination indicates a known medical condition, additional medical information may be requested.

\_\_\_\_\_  
SIGNATURE OF DRIVER TRAINING INSTRUCTOR/APPLICANT

\_\_\_\_\_  
DATE