



STATE AID SECTION  
 2500 North Lincoln Boulevard  
 Oklahoma City, Oklahoma 73105-4599

**OKLAHOMA DRIVER EDUCATION**

**Instructor Certification, Assurances, and Permit (ICAP)**

Each driving instructor must complete and return this form to the State Aid Section of the State Department of Education prior to instructing any Driver Education (DE) course. All regular semesters and summer sessions may be included on one form for each fiscal year (July 1 to June 30).

**CODE:** County # \_\_\_\_\_ District # \_\_\_\_\_ Site # \_\_\_\_\_ School Year: 20\_\_\_\_ to 20\_\_\_\_

**Name of School:** \_\_\_\_\_ **County Name:** \_\_\_\_\_

**Administration Office Address:** \_\_\_\_\_ **City:** \_\_\_\_\_, **OK ZIP:** \_\_\_\_\_

**CERTIFIED INSTRUCTOR'S NAME:** \_\_\_\_\_

\_\_\_\_\_  
 Instructor's Date of Birth

\_\_\_\_\_  
 Social Security #

\_\_\_\_\_  
 OK Driver License #

\_\_\_\_\_  
 Exp. Date of Teach. Cert.

\_\_\_\_\_  
 DE Permit #  
*(Assigned by DPS)*

\_\_\_\_\_  
 Exp. Date of DE Permit

\*Enter the **number** of students per semester/session for this instructor. *(You may estimate only if necessary.)* By entering the number of students for every semester/session to be taught during the entire fiscal year, this form will only have to be submitted one time annually for EACH INSTRUCTOR. Only dates on this form have been approved for this instructor.

Number of Students	During School Day	Before School Day	After School Day	Dates	
				From:	To:
Summer Session I*				<i>(Completed after July 1<sup>st</sup>)</i>	
Semester I*				From:	To:
Semester II*				From:	To:
Summer Session II*				<i>(Completed by June 30<sup>th</sup>)</i>	
				From:	To:

NOTE: A minimum of **30 hours** classroom and a minimum of **6 hours** actual behind-the-wheel driving in a driver education vehicle with a certified driver education instructor are required for each student. Driver Education "Rules and Regulations" can be found in the Standards for Accreditation available from the superintendent or principal of each district.

This form completed by: \_\_\_\_\_ Contact Phone Number: ( ) \_\_\_\_\_

**Instructor's signature assures the State Department of Education (SDE) and the Department of Public Safety (DPS) that all preceding information is complete and accurate.**

• **Certified Instructor's SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

• SDE Approval: \_\_\_\_\_ Date: \_\_\_\_\_

• DPS Approval: \_\_\_\_\_ Date: \_\_\_\_\_