

NOTICE OF PROPOSED GUIDANCE DOCUMENT
2019 Governors Pre-Conference TRU

Pursuant to Wis. Stat. s. 227.112, the Wisconsin Department of Transportation is hereby seeking comment on 2019 Governors Pre-Conference TRU, a proposed guidance document.

PUBLIC COMMENTS AND DEADLINE FOR SUBMISSION

Comments may be submitted to the Wisconsin Department of Transportation for 1 day by:

1. Department's

website: <https://trust.dot.state.wi.us/act369/?id=DMV986&uri=2019GovernorsPre-ConferenceTRU&division=DMV&tags=TRU>

2. Mailing written comments to:

Division of Motor Vehicles
Wisconsin Department of Transportation
4822 Madison Yards Way
PO Box 7336
Madison, WI 53707-7336

WEBSITE LOCATION OF FINAL GUIDANCE DOCUMENT

The final version of this guidance document will be posted at wisconsindot.gov to allow for ongoing comment.

AGENCY CONTACT

DOTDMVGuidanceDocs@DOT.WI.GOV

Wisconsin Department of Transportation

Division of Motor Vehicles

Wayne Georgeson- Training and Records Unit/CDL 3rd Party Audit Lead

Octavia Powell-Training and Records Unit/Driver Training Schools

John Holloway-Medical Review Unit Supervisor

Frankie Spencer-Medical Review Unit Lead

Jennifer Nash-Driver Eligibility Unit Lead



Wisconsin's 45th Annual
Governor's Conference on Highway Safety

August 20th, 2019

Training and Records Unit Driver Training Schools

Octavia Powell

Driver Training Schools Representative

Wisconsin's 45th Annual
Governor's Conference on Highway Safety

August 20th 2019



Driver Training School Renewal Process

DTS presentation will cover:

- Renewal Notices & Requirements
- Continuing Education / Traffic Safety Workshop
- DEC
- Out-Of-State Transfer Students

WISCONSIN DEPARTMENT OF TRANSPORTATION

Driver Training School & Instructor Guidelines



Division of Motor Vehicles
4802 Sheboygan Ave
Po Box 7920
Madison, WI 53707-7920

Internet: <http://wisconsindot.gov>
Telephone: 608/264-7495
Fax: 608/261-8201

E-mail: dotdrvtrschool@dot.wi.gov

Driver Training School Renewals

- Renewals of DTS Certifications are required every 2 years
- Renewal Notices – Sent Via E-mail (60 day and 30 day notices)
- All renewal requirements are listed in the email with links to each form.

Requirements to Renew

Required Forms:

- [Form MV3110](#) School renewal application (see attached)
- [Form MV3112](#) Instructor renewal application (see attached)
 - Please note, in order to renew an instructor license, the instructor must have attended an approved traffic safety workshop.
- [Form MV3764](#) Driver School Bond or Bond Continuation Certificate
- [Form MV3264](#) Vehicle Record Inspection Form
 - vehicles that are added to the fleet must be taken to the DMV Service Center
 - vehicles 3 years old or vehicles with more than 100,000 miles must be taken to a motor vehicle repair shop (mechanic)

Additional Required Documents:

- Proof of vehicle insurance with coverage of (\$500,000-\$500,000-\$50,000)
- Proof of business insurance, \$500,000 standard liability
- If you currently have a classroom located in a school, please submit school approval on district letterhead.
- The following materials (**this is a requirement for renewal**)
 1. Blank student contract/agreement
 2. Blank student record card
 3. All course outlines / course summaries
 4. Maximum Fee Schedule
 5. CDTP Contract (If offers CDTP)

Renewal Fees – Checks or Money orders should be made payable to “Registration Fee Trust”

- \$190.00 per school license for 2 years
- \$50.00 per instructor license for 2 years
- Fee of \$10.00 for each **new** classroom location.

DRIVER TRAINING SCHOOL CHECKLIST
 MV3757 5/2018 8.343.60-72 Wis. Stats., Trans. 105 Wis. Adm. Code

Driver Training School Coordinator
dts@dntrsschool@dot.wis.gov

Wisconsin Department of Transportation
 Division of Motor Vehicles
 WisDOT Driver Training School Program
 P.O. Box 7920, Madison, WI 53707-7920
 Telephone: (608) 264-7495
 Fax: (608) 223-7705

[Clear Form](#)

Prior to submitting an application for a school and proceeding to Step A below, you will need to have your School Name approved. In addition, if you have only a Home Office, WisDOT needs to visit the location. If you have questions, please email or call us.

School Name has been Approved Home Office Only – WisDOT On-site Visit

School Name: _____ Date: _____

A. Forms and Fees

<input type="checkbox"/> Business Liability Insurance	<input type="checkbox"/> Form MV3683 Driver Training School Office Certification
<input type="checkbox"/> Form MV3110 Driver School Application + \$190.00* (2 yrs.)	<input type="checkbox"/> Form MV2684 Driver Training School Classroom Certification
<input type="checkbox"/> Form MV3112 Driver Instructor Application + \$50.00* (2 yrs.)	<input type="checkbox"/> Form MV3704 Driver School Bond
<input type="checkbox"/> Form MV3264 Driver Training Vehicle Record	<input type="checkbox"/> Vehicle Insurance

* Actual fees for Driver School or Instructor license may vary based on the established expiration date.

B. Student Record

<input type="checkbox"/> Contract / Agreement #	<input type="checkbox"/> Lesson Dates	<input type="checkbox"/> Total Number of Instruction Hours
<input type="checkbox"/> Cooperative Driver Testing Program Scores (CDTP optional)	<input type="checkbox"/> Lesson Duration	<input type="checkbox"/> Type of Lessons / Services
<input type="checkbox"/> Fees Charged	<input type="checkbox"/> Student's Birth Date	<input type="checkbox"/> Vehicle ID (VIN)
<input type="checkbox"/> Instructor's License Number	<input type="checkbox"/> Student's Home Address	
<input type="checkbox"/> Instructor's Name – Last, First, Middle	<input type="checkbox"/> Student's Name – Last, First, Middle	

C. Contract / Agreement

<input type="checkbox"/> Address of Student / Customer	<input type="checkbox"/> Signature of Customer	<input type="checkbox"/> Types of Lessons / Services
<input type="checkbox"/> Agreement Date	<input type="checkbox"/> Signature of Parent / Guardian if student is under 18	
<input type="checkbox"/> Consecutively Numbered	<input type="checkbox"/> Signature of School Representative	
<input type="checkbox"/> Fee Charged	<input type="checkbox"/> Student's Name – Last, First, Middle	
<input type="checkbox"/> School Name	<input type="checkbox"/> "This constitutes..." Statement *	

* This constitutes the entire agreement between the school and the student and no verbal statement or promises will be recognized. REFUND verbiage (if added): This school will not refund any tuition or part of tuition if the school is ready, willing and able to fulfill its part of the agreement.

D. Fee Schedule

A list which shows the maximum fees that will be charged for each of the services listed on the Contract / Agreement.

E. Course Summary / Outline (Suggested 2 pages per lesson type: Classroom, B-T-W, 40 hr. Instructor, 10 hr. Refresher)

Send only the Course Summary to the WisDOT with form MV3110 Driver School Application and keep the lesson plans on file at the school office. Each summary shall specify a minimum of one main topic or more for each hour of instruction. To be approved, all required topics as indicated below must be included in the summary for classroom and / or Behind-the-Wheel (B-T-W).

F. Lesson Plans – The plan for each lesson or session must include:

<input type="checkbox"/> Objectives	<input type="checkbox"/> Title of Lesson / Session Number
<input type="checkbox"/> Reference Materials	<input type="checkbox"/> Training Aides
<input type="checkbox"/> Time Allotted	<input type="checkbox"/> Type of Lesson – Lecture, video etc.

1. Classroom – All of the following topics are required for the classroom course:

<input type="checkbox"/> Awareness of Motorcycles, Bicycles, Pedestrians	<input type="checkbox"/> Pre-driving Skills / Maneuvers
<input type="checkbox"/> City Driving	<input type="checkbox"/> Psychophysical Aspect – Alcohol, mood, health etc.
<input type="checkbox"/> Environmental Dynamics	<input type="checkbox"/> Responsibility of Vehicle Operation
<input type="checkbox"/> Freeway Driving	<input type="checkbox"/> Rural Driving
<input type="checkbox"/> Hazards – Electronic Messaging While Driving	<input type="checkbox"/> Traffic Citizenship and Highway Safety Progress
<input type="checkbox"/> Hazards – Farm Animals, Machinery	<input type="checkbox"/> Vehicle Mechanical / Control Features
<input type="checkbox"/> Hazards – Railroad Crossings (30 min.)	<input type="checkbox"/> Vehicle Ownership Responsibilities
<input type="checkbox"/> Move-Over Law	<input type="checkbox"/> Vulnerable Highway Users ("VHU") (30 min.)
<input type="checkbox"/> Organ and Tissue Donation (30 min.)	

2. Behind-the-Wheel – All of the following topics are required for B-T-W training course:

<input type="checkbox"/> Backing and Y-turns	<input type="checkbox"/> Left and Right Turns
<input type="checkbox"/> City Driving	<input type="checkbox"/> Parking
<input type="checkbox"/> Introduction to the Automobile	<input type="checkbox"/> Rural Driving – Include multiple lanes, freeway

This checklist includes the minimum requirements. Submit documentation with this checklist to the address or FAX above.

[Print](#)

Student Record Card

- Student Record Card Created by the Department.
- May be used by Driver Training Schools.
- Fillable document can be found on the WisDOT website or can be e-mailed to you from the Driver Training School Unit.
- For Classroom and Behind the Wheel Only.



Student Record Card						
School Name: []						
Agreement Number []						
Fees Charged [] Payment 1 [] Payment 2 [] Payment 3 []						
Student DOB []						
Student name (First, Last, Middle) []						
Student Address []						
City/State/Zip code []						
Classroom						
Date	Lesson #	Duration	Instructor's Name	License #		
[]	[]	[]	[]	[]		
[]	[]	[]	[]	[]		
[]	[]	[]	[]	[]		
[]	[]	[]	[]	[]		
[]	[]	[]	[]	[]		
[]	[]	[]	[]	[]		
[]	[]	[]	[]	[]		
[]	[]	[]	[]	[]		
[]	[]	[]	[]	[]		
[]	[]	[]	[]	[]		
[]	[]	[]	[]	[]		
[]	[]	[]	[]	[]		
[]	[]	[]	[]	[]		
[]	[]	[]	[]	[]		
[]	[]	[]	[]	[]		
Total Classroom Hours []						
Behind-the-Wheel						
CDTP Scores: Knowledge [] Skills [] MV3001 Issued: []						
Date	Lesson #	Duration: Driving	Observation	Instructor's Name	License #	Vehicle ID
[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]
Total Driving Hours []		Total Observation Hours []				

Instructor Requirements

New Instructors and Renewing Instructors

DRIVER INSTRUCTOR APPLICATION
Wisconsin Department of Transportation
MV3112 5/2016 s.343.62 Wis. Stats.

WisDOT Driver Training School Program
P.O. Box 7920, Madison, WI 53707-7920
Telephone: (608) 264-7495

Clear Form Print

Section A – Customer (please print)

APPLICATION TYPE (check one) Original Renewal Duplicate

LICENSE TYPE Adult Only Under 18 Only Adults and Under 18 Commercial Motor Vehicle Online FYR Only

COURSES APPLYING FOR Classroom 6/6 Behind-the-Wheel 9 Hours BTW Adults Only Online
 Failure to Yield (choose one of the following): Classroom Online Both
 Instructor Training (choose one of the following): Public Private Both
 CMV

Neatness and accuracy are important since your license will be prepared from the information supplied on this application.

1. Applicant Name (First - Middle Initial - Last) _____
 2. Current Instructor ID Number _____ 3. Instructor (Area Code) Telephone Number _____

4. Current Residence Address _____ City _____ ZIP Code _____ 5. Birth Date _____

6. Mailing Address and/or Post Office Box - ONLY if Different from Residence _____

7. Social Security Number * _____ 8. Driver License Number _____ 9. Expiration Date _____ 10. State of Issuance _____

11. Are you a WisDOT employee? No Yes – Give Division and Bureau: _____

12. List all driving schools where you will instruct. For each driving school, include ID number, complete address, and telephone number. Attach a separate page if more space is needed.

13. In the past 5 years, have you been licensed in another state or Canada? If yes, list location and submit a driving record from there.

14. Have you been associated with a driver school when its license was revoked, suspended, cancelled or denied? If yes, give school name, reason, date and location.

15. Are you employed by, or do you have financial interest in a third party tester for CMV? If yes, give third party tester name, address and telephone number.

16. In the past, have you been convicted of a felony? If yes, give reason, date and location.

17. Are you required to register with the Sex Offender Registry? If yes, give reason, date and location.

18. Are you required to register with the Nurse Aide Registry? If yes, give reason, date and location.

19. Have you had any instructor license revoked, suspended, cancelled, or denied? If yes, give reason, date and location.

20. In the past year, have you had a loss of consciousness or muscle control, caused by any of the following conditions? If yes, check condition(s) and give date:
 Traumatic Brain or Head Injury Heart Mental Seizure Disorder Diabetes Lung Muscle or Nerve Stroke

21. I have completed one of the following training programs. Attach copies. (If applying for renewal or duplicate, disregard this question.)
 40 Hour Course DPI Certification 9 Credits in Driver Education

22. For renewal only: I have completed the required traffic safety workshop.
 No Yes, give date, location, and facilitator/organizer: _____

23. I certify that the answers and statements on this application are true and correct. I understand that I may be required to submit additional medical information if requested. I also understand that this application will be denied if I have unpaid taxes or child support. I authorize the examining physician to release my medical history upon request to the Wisconsin Department of Transportation.

X _____ (Applicant Signature) _____ (Date - m/d/yyyy)

(Over)

Section B – Health Care Practitioner (please print)

Based on an examination conducted within the previous 24 months, please answer ALL of the following questions regarding the applicant on this form.

Examination date: _____ (Required)

YES	NO	YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or other drug abuse or dependency within the past 12 months		Heart surgery (valve replacement/bypass, angioplasty, pacemaker, AICD) Date: _____		Loss of, or altered consciousness Date: _____	
Alcohol or other drug abuse or dependency within the past 12 – 24 months Controlled by treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Kidney disease, dialysis		Seizures, epilepsy Date: _____	
Positive TB in a communicable form		Diabetes or elevated blood sugar controlled by <input type="checkbox"/> Diet <input type="checkbox"/> Pills <input type="checkbox"/> Insulin		Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	
Heart disease or heart attack, stroke, other cardiovascular condition		Lung disease, emphysema, asthma, chronic bronchitis <input type="checkbox"/> Required oxygen use		Neuro/Muscular disease, e.g., ALS, MS, Head Trauma	
				Blood pressure over 180/105	
				Missing or impaired hand, arm, foot, leg	
				Mental/Emotional Functions	

For any YES answers, indicate onset date, diagnosis, and any current limitations. List all medications (including over-the-counter medications) used regularly or recently.

YES NO The individual who is requesting this physical is applying to become a licensed driver training school instructor. In a vehicle, he/she may be instructing, at the same time, 4 students who may be under the age of 18 [Wis. Stat. 343.07(1g)(a)(1)]. Do you believe this person is physically and mentally capable to act as a driver instructor?

Name of Medical Practitioner (please print) _____ Medical License Number _____

Identify Medical Practice _____ (Area Code) Office Telephone Number _____

I certify that I have examined this applicant, that the above answers are a result of the examination, and that I am licensed to practice in Wisconsin.

X _____ (Reporting Medical Practitioner – Signature) _____ (Date – m/d/yyyy)

Section C – Cooperative Driver Training Program (CDTP) or DMV Use

School Name _____ School ID Number _____ Instructor Name _____ Instructor ID Number _____

Knowledge Tests – 80% or higher to pass
 Highway Signs Pass Fail
 Driver Training Instructor Test* Pass Fail
 Class D* Pass Fail

Section D – DMV Use Only

CDL	Skills Test (MV3543 or MV3544)	Oral (MV3222 or MV3717)	Brake Reaction Results Skills Test – 1 time*
<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Visual Acuity – Must be at a minimum of 20/40 in one eye and 70 degrees field of vision in one eye, otherwise, additional vision information will be required prior to approval.

	Without RX	With RX	Temporal Field	
Right Eye	20/	20/	≥ 70° <input type="checkbox"/> Yes <input type="checkbox"/> No	Normal Color Perception <input type="checkbox"/> Yes <input type="checkbox"/> No
Left Eye	20/	20/	≥ 70° <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing – Must be normal <input type="checkbox"/> Corrected <input type="checkbox"/> Uncorrected

Comments _____

X _____ (Date – m/d/yyyy) _____ (Place of Examination) _____ (Examiner Signature / ID Number)

Background Check CIB JUS CCAP SOR NAR

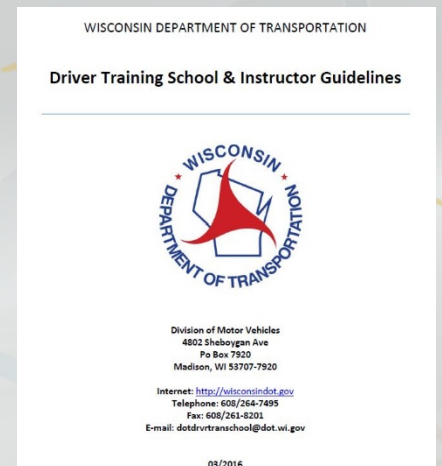
Section E – DTS Coordinator Use Only Driver Record Check CIB JUS CCAP SOR NAR

*Class D – Instructor Only

Traffic Safety Workshop

Continuing Education Requirements

- Required per WI Admin Code Trans 105.07(7)
- All topics must cover traffic safety
- Must be 4-6 hours long (include breaks in outline) and completed every 2 years.
- Completed outlines are to be sent to the Department with the following included:
 - Date of workshop
 - Time
 - Address/location
 - Number of instructors attending



Driver Education Completion (DEC)

How to troubleshoot errors at home and when to contact WAMS Support

- Confirm you have chosen the right course the student completed
- Confirm you have the correct WAMS login information
- Copy transfer completions EXACTLY as written on the classroom only document.
- Confirm students permit number is correct
- Check for spelling errors
- Confirm you are using the correct screen to submit the completion

Verizon LTE 8:26 AM 100%

trust.dot.state.wi.us

State of Wisconsin
Department of Transportation

Course Types

[Home page](#)

Which scenario applies?

- [Student completed both Classroom and Behind the Wheel at this school](#)
- [Student completed Classroom at this school and will take Behind-the-Wheel at another school](#)
- [Student completed Classroom at another school and Behind-the-Wheel at this school](#)

School ID Number

Out-of-State Transfer Students

Requirements for Out of State Students transferring to your driver training school

- Out of State Students must first visit a Wisconsin DMV Service Station with proof of their OOS drivers education completion.
- Report card, Transcripts, letter on school letterhead, Official certificate of completion.
- OOS instruction permit is NOT proof of completing drivers education.



Driver Training Schools-Audits

Why do Audits occur?

- Driver Training Schools are subject to auditing requirements found in [Trans 105.05\(1\)](#)
 - The records required by s. [343.71](#), Stats., shall be made available for inspection at all reasonable times to an authorized representative of the department.
- The goal of the audit is to bring awareness to any Driver Training School issues and concerns regarding Department administrative rules and procedures, as well as developing and maintaining a strong partnership between the Department and the Driver Training Schools in Wisconsin.
- DTS Auditing goal is to have all audits occur on an annual basis. This will help find any resolve any concerns right away and make the Department more available to questions and concerns the Driver Training School may have.
- Audits are scheduled at least 1 week in advance to provide enough notice to the school.

Driver Training Schools-Audits

What is an Audit?

- The Driver Training School audit is an in person visit from a DMV auditor that usually lasts from 1-1.5 hours and involves questions from the auditor regarding your office and classroom, as well as requesting records for the following:
 - Students that are currently in the classroom, currently in BTW, students that have completed BTW, student transfers, and dropped students.
- The auditor will scan all records and fill in basic information into an audit outline.
- All scanned records and the audit outline are sent to the DTS coordinator for review.
- The DTS coordinator will contact the school within 2-3 weeks with a completed audit report detailing any findings and what the next steps are.



Driver Training Schools

Contact Us

Please contact us for all driver training school related, DEC errors and Out-of-state student questions.

Email: DOTDRVTRNSCHOOL@dot.wi.gov

Phone: 608-264-7495

Fax: 608-223-7705

WisDOT
Driver Training School Unit
PO Box 7920
Madison, WI 53707-7920

Questions?

