Form 431225 (08-18)
Driver & Identification Services
P.O. Box 9204, Des Moines, IA 50306-9204 (515) 244-8725 FAX: (515) 237-3071
e-Mail: parenttaught.de@jowadot.us



APPLICATION TO PROVIDE PARENT-TAUGHT DRIVER EDUCATION

		i.		
	(Name of Teaching Parent 1)		(Driver License Number)	
	(4.11 - 0), (2.11 - 7/10.0.1.)	(Dharra)	(a Mail Address)	
	(Address, City, State, ZIP Code)	(Phone)	(e-Mail Address)	
	(Name of Teaching Parent 2)		(Driver License Number)	
9 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	(Address, City, State, ZIP Code)	(Phone)	(e-Mail Address)	
I certify		(Filone)	(e-iviali Address)	
a.)		w	7	
		AND CONTRACTOR PROGRAM CONTRACTOR	Name - First, Middle, Last)	
	(Student's Iowa DL No.) (Date of Birth)	_ who is in my custody	and control and resides within the	
	school dis	trict.		
1. 1	(Name of School District Where Student Resides)	udant listed about nurs	went to love Code costion 2004	
D.)	I am currently providing private instruction to the st and provided such instruction during the previous ye	37.0	uant to lowa Code section 299A	
c.)	c.) I hold a valid driver license that permits unaccompanied driving, other than a motorized bicycle license or a temporary restricted license.			
d.) I have a clear driving record for the previous two years. A clear driving reco			ord means:	
		not been identified as a candidate for a driver license suspension or revocation of a driver e under the habitual violator or habitual offender provisions of the Department's regulations.		
ii.) am not subject to a driver license suspension, revocation, denial, cancellation, disqualificatio				
	iii.) have no record of a conviction for a moving vehicle accident.	traffic violation determi	ned to be the cause of a motor	
I intend t	to use the following approved on-line course*:			
			nd at www.iowadot.gov/teachingparent)	
I certify und	der penalty of perjury and pursuant to the laws of the	State of Iowa that the p	preceding is true and correct.	
(Signature of	Teaching Parent 1)		Date	
(Signature of Teaching Parent 2)			Date	
(Reviewed by	v Iowa DOT)		Date	
i would pref	er my approval packet 🔲 e-mailed (preferred) 🔲 mailed			

Please email, mail, or FAX the completed documents to the addresses listed at the top of this form.

*An approved course includes only those courses approved by the lowa DOT and listed at: www.iowadot.gov/teachingparent.

Please include with your application documentation verifying that the student is currently receiving private instruction pursuant to Iowa Code Section 299A, and also received such instruction during the previous year. Please contact parenttaught.de@iowadot.us with any questions about this requirement.