



# Department of Motor Vehicles

## Self-Certification Driving School Program REQUEST FOR SECURE DOCUMENTS

dmv.ny.gov

Place a “ <input checked="" type="checkbox"/> ” next to the form(s) requested	Form Number	FORM NAME
<input type="checkbox"/>	<b>CDL-200</b>	Commercial Driver License - Road Test Evaluation
<input type="checkbox"/>	<b>DTP-2004.1</b>	Road Sign Examination <b>Answer Key</b>
<input type="checkbox"/>	<b>MV-501</b>	Road Test Evaluation
<input type="checkbox"/>	<b>MV-16</b>	Curriculum for the 30-Hour Basic Instructor’s Course
<input type="checkbox"/>	<b>MV-367.7</b>	Written Test Booklet 7
<input type="checkbox"/>	<b>MV-367.8</b>	Written Test Booklet 8
<input type="checkbox"/>	<b>MV-367A.7</b>	Answer Key for Test 7
<input type="checkbox"/>	<b>MV-367A.8</b>	Answer Key for Test 8

**Requested by:**

\_\_\_\_\_ , \_\_\_\_\_  
(Print Name) (Title)

of \_\_\_\_\_  
(Driving School Name)

**X** \_\_\_\_\_  
(Signature of Owner or Authorized Official) (Date)

**Return this form to:** New York State Department of Motor Vehicles  
Bureau of Driver Training Programs  
Certification & Oversight Unit  
6 Empire State Plaza, Room 336  
Albany, NY 12228

FOR OFFICE USE ONLY	
Date Mailed:	_____
Initials:	_____
Attach Proof of Mailing:	<input type="checkbox"/>

