



# APPLICATION FOR ORIGINAL DRIVING SCHOOL LICENSE

| DMV USE ONLY   |            |                 |             |
|----------------|------------|-----------------|-------------|
| APPLICATION    |            | LICENSE         |             |
| No.            |            | No.             | Date Issued |
| Date Processed | Fee Amount | Expiration Date | Fee Amount  |

## PART 1 Tell us about your driving school and proposed location.

- **READ VEHICLE AND TRAFFIC LAW SECTION 394 AND DMV COMMISSIONER'S REGULATIONS PART 76 BEFORE FILLING IN THIS FORM.**
- **Print clearly or type.**

|                                                           |  |                                                |                                        |
|-----------------------------------------------------------|--|------------------------------------------------|----------------------------------------|
| Name of Driving School                                    |  | Federal Employer ID Number                     |                                        |
| Assumed Name (if applicable)                              |  | Business Phone No. (Area Code)<br>( )          | Fax Number (Area Code)<br>( )          |
| Address of Office                                         |  | County                                         |                                        |
| Email Address of Driving School                           |  | Driving School Website Address (if applicable) |                                        |
| Owner or Principal Authorized Official Name (Last, First) |  | Job Title                                      | Daytime Contact No. (Area Code)<br>( ) |
| Manager Name (Last, First)                                |  | Job Title                                      | Daytime Contact No. (Area Code)<br>( ) |

### Application & License Fee: \$100

Payment may be made by money order or check (no starter checks). All fees are payable to "The Commissioner of Motor Vehicles".

## PART 2 Tell us about your business structure (complete the section that applies to your business; A, B, or C).

**A. SOLE PROPRIETORSHIP:** If owner is an out-of-state resident, attach government issued ID or recent official copy of driver record.

|                                                   |       |                       |                                |     |
|---------------------------------------------------|-------|-----------------------|--------------------------------|-----|
| Last Name                                         | First | MI                    | Date of Birth (Month/Day/Year) |     |
| Your Address as it Appears on Your Driver License |       | City                  | State                          | ZIP |
| Daytime Contact No. (Area Code)<br>( )            |       | Driver License Number |                                |     |

**B. PARTNERSHIP:** Complete one section for each partner; if more than three, attach additional pages. If partner is an out-of-state resident, attach government issued ID or recent official copy of driver record.

|                                                   |       |                       |                                |     |
|---------------------------------------------------|-------|-----------------------|--------------------------------|-----|
| 1. Last Name                                      | First | MI                    | Date of Birth (Month/Day/Year) |     |
| Your Address as it Appears on Your Driver License |       | City                  | State                          | ZIP |
| Daytime Contact No. (Area Code)<br>( )            |       | Driver License Number |                                |     |
| 2. Last Name                                      | First | MI                    | Date of Birth (Month/Day/Year) |     |
| Your Address as it Appears on Your Driver License |       | City                  | State                          | ZIP |
| Daytime Contact No. (Area Code)<br>( )            |       | Driver License Number |                                |     |
| 3. Last Name                                      | First | MI                    | Date of Birth (Month/Day/Year) |     |
| Your Address as it Appears on Your Driver License |       | City                  | State                          | ZIP |
| Daytime Contact No. (Area Code)<br>( )            |       | Driver License Number |                                |     |

**NAME OF DRIVING SCHOOL:**

**C. CORPORATION or LIMITED LIABILITY COMPANY:** For Inc., Corp., or L.L.C., list corporate officers (**President, Secretary and Treasurer are required**). List stockholders who have 20% or more ownership in the company. For L.L.C., list all managing members. Attach additional pages if needed. (If any listed person is an out-of-state resident, attach copy of government issued ID or recent official copy of driver record.)

|                                                   |       |                       |                                |
|---------------------------------------------------|-------|-----------------------|--------------------------------|
| 1. Last Name                                      | First | MI                    | Date of Birth (Month/Day/Year) |
| Job Title                                         |       |                       |                                |
| Your Address as it Appears on Your Driver License |       | City                  | State ZIP                      |
| Daytime Contact No. (Area Code)<br>( )            |       | Driver License Number |                                |
| 2. Last Name                                      | First | MI                    | Date of Birth (Month/Day/Year) |
| Job Title                                         |       |                       |                                |
| Your Address as it Appears on Your Driver License |       | City                  | State ZIP                      |
| Daytime Contact No. (Area Code)<br>( )            |       | Driver License Number |                                |
| 3. Last Name                                      | First | MI                    | Date of Birth (Month/Day/Year) |
| Job Title                                         |       |                       |                                |
| Your Address as it Appears on Your Driver License |       | City                  | State ZIP                      |
| Daytime Contact No. (Area Code)<br>( )            |       | Driver License Number |                                |

**NOTE:** Section 5 of the NYS Tax Law requires the Department of Motor Vehicles to provide Social Security numbers to the NYS Department of Taxation and Finance upon request.

**PART 3 Who is the Landlord or Property Owner?**

|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Name of Property Owner/Landlord                                                                                                                                                                                                                                                                                                                                                                                                      | Phone No. (Area Code)<br>( )            |
| Owner Mailing Address (Include Number and Street)                                                                                                                                                                                                                                                                                                                                                                                    | City State ZIP                          |
| <b>NOTE:</b> Whether or not you own or lease your business property, it is your responsibility to be in compliance with all state and local laws and regulations, while being considered for a license and while conducting your business. You must  attach a copy of the Certificate of Occupancy for all business locations. If you do not provide this information with your application, the application will be <b>denied</b> . |                                         |
| <b>If you are subleasing,  attach written approval from the landlord and a copy of the original lease.</b>                                                                                                                                                                                                                                                                                                                           |                                         |
| Name of the Current Lessee                                                                                                                                                                                                                                                                                                                                                                                                           | Phone No. (Area Code)<br>( )            |
| Business Address (Include Number and Street)                                                                                                                                                                                                                                                                                                                                                                                         | City State ZIP Expiration Date of Lease |

**PART 4 Tell Us About the Services Your School Will Provide**

|                                                                                                                                                                                                                                                           |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
|                                                                                                                                                                                                                                                           | <b>CHECK ONE</b> |
|                                                                                                                                                                                                                                                           | YES NO           |
| 1. Will you be offering the Prelicensing Course? If "Yes,"  attach an Authorized Signature List (form MV-278.6) and list classroom locations <b>including the dimensions of each classroom</b> on page 4 (or attach additional pages as needed) . . . . . | ☐ ☐              |
| 2. Would you like access to DMV's Internet-based system to schedule road tests for your customers? . . . . .<br>If "YES", an email will be forwarded to you with your login information.                                                                  | ☐ ☐              |
| 3. Will your school offer Private Service Bureau services? . . . . .<br>If "YES", attach a draft copy of your PSB receipt Showing all services and prices.                                                                                                | ☐ ☐              |

**NAME OF DRIVING SCHOOL:** \_\_\_\_\_

4. What type(s) of vehicle(s) will you teach customers to drive? (Check all that apply.)

- Car    Bus    Motorcycle    Tractor-Trailer    Truck

| Year of Vehicle | Make & Model of Vehicle | Vehicle Identification Number | License Plate Number | Registrant*<br>(Name on the Vehicle Registration) |
|-----------------|-------------------------|-------------------------------|----------------------|---------------------------------------------------|
|                 |                         |                               |                      |                                                   |
|                 |                         |                               |                      |                                                   |
|                 |                         |                               |                      |                                                   |
|                 |                         |                               |                      |                                                   |

\*By submitting this application, the driving school owner is attesting that the driving school has permission from the vehicle registrant to use vehicles for instruction and testing.

If additional rows are needed, please use and attach the MV-527 (List of Driving School Vehicles) to this application.

All vehicles listed on the chart above must be properly insured for driving instruction AND be equipped in accordance with Commissioner's Regulations Part 76, Section 76.11. All advertising on the vehicle(s) must comply with Commissioner's Regulations Part 76, Section 76.21.

**PART 5 Tell us about your business and associates.**

A. Have any of the owners, partners, corporate officers, managing members, managers, or major stockholders ever operated a driving school?  
 NO    YES   If "YES", tell us who and the name(s) of their driving schools below or on page 4 (attach additional pages as needed).

\_\_\_\_\_  
\_\_\_\_\_

B. Are you, or is anyone named in this application, scheduled for a hearing that may result in the suspension, revocation or denial of a DMV-issued business license or approval for a DMV-approved course (such as PIRP, Motorcycle Safety Program Beginner Rider Course, PSB, etc.)?  
 NO    YES   If "YES", specify name of the person(s), business type, date, and reason for hearing below or on page 4 (attach additional pages as needed).


\_\_\_\_\_  
\_\_\_\_\_

C. Have you, or any person named in the application been convicted of a crime?

- NO    YES


If "YES": Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Conviction Date \_\_\_\_\_ Penalty \_\_\_\_\_ Court \_\_\_\_\_

 Attach copy of Certificate of Disposition, and explain nature of offense below or on page 4 (attach additional pages as needed)

\_\_\_\_\_  
\_\_\_\_\_

**NAME OF DRIVING SCHOOL:** \_\_\_\_\_

**Additional Information** (  Attach additional pages if necessary. Please identify the section name and/or question number related to the additional information you are providing).

**Complete this checklist to indicate all criteria for your proposed business location and/or classrooms are met.**

**Driving school business locations** (offices and branch offices) must meet all of the following criteria:

- Be at least 1,500 feet from a building owned or leased by the State or County in which motor vehicle registrations or licenses to drive motor vehicles are issued to the public.
- Be at least 1,500 feet from an official New York State road test post.
- Have adequate office space of at least 50 square feet.
- Have secure storage for business records, customer information, and DMV-issued materials.
- Be accessible to students with disabilities

NOTE: If the business is in a city having a population of 250,000 or more, the place of business must be located in either: (a) a portion of a building, (b) a store, (c) or an office devoted exclusively to nonresidential use.

- Such facilities must be open to the public for service at definite stated hours.
- If the business premises includes one or more classrooms for Pre-Licensing, the office must be at least 50 square feet and each classroom must be at least 150 square feet.

**Pre-Licensing Course Classrooms** must:

- Be 150 square feet or larger. Smaller classrooms will not be approved.
- Be clean, comfortable (conducive to learning), and easily accessible to students with disabilities.
- Provide adequate seating for each student. Classroom space must allow 15 square feet for each student. Capacity will be calculated on the basis of 150 square feet for the first ten or fewer students, and 15 square feet for each additional student, with no more than 36 students in any class.
- Have adequate heating and ventilation.
- Have adequate lighting.
- Have the ability to darken the room when audiovisual equipment is being used.
- Have rest room facilities easily accessible to all students.
- Be free from any visible and audible distractions.
- Include visual aids to facilitate the instructor teaching the course. Such visual aids must allow all students to see any presented material.

**Records must be maintained for three years**

- Student Records
- Ledger for moneys received and paid
- Receipts

**NAME OF DRIVING SCHOOL:** \_\_\_\_\_

**PART 7 Certification (all owners/officers/managing members must read and complete this section).**

As a condition to be issued and maintain a driving school license, the individuals signing this application agree to the following conditions:

- ◆ to comply with all of the provisions of the New York State Vehicle and Traffic Law and the Commissioner's Regulations relating to Driving Schools.
- ◆ to comply with all state laws and regulations, and all municipal ordinances and regulations relating to public health and safety for the school and business facility.
- ◆ to employ only instructors who have been properly certified by the New York State Department of Motor Vehicles to instruct for this driving school.

**ATTESTATION FOR INSPECTION OF THE BUSINESS PREMISES and/or PRE-LICENSING CLASSROOM:**

**My signature below affirms that** the business premises, and any/all classrooms used for the Pre-Licensing Course as taught by my school, fully comply with all requirements set forth in Section 394 of the New York State Vehicle and Traffic Law, Commissioner's Regulations Part 76 (Driving Schools), and Part 7 (Pre-Licensing Course), including:

1. Accessibility of the driving school business and all classrooms to all customers
2. Business records, customer information, and any DMV-issued materials are securely stored
3. Office and classrooms are conducive to the professional operation of a driving school

I understand that DMV has the right to inspect my business location and any/all classrooms. Any violations found by DMV may result in the immediate suspension or revocation of the driving school license and/or approval to teach the Pre-Licensing Course.

Everyone who signed this application stated that they are an owner, partner, officer, or managing member of the business named on this application, and that all information provided in this application is true. All owners with 20% or more ownership in the business must sign the application. To knowingly make a false statement in this application is a misdemeanor punishable under Section 210.45 of the Penal code, and may result in the revocation of your driving school license. **Making a false statement in this application or in any proof or statements in writing in connection with it, or deceiving or substituting in connection with this application is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of your driving school license.**

| Signature of Owner or Corporate Officer or Managing Member | Job Title | Date |
|------------------------------------------------------------|-----------|------|
| X                                                          |           |      |
| Signature of Owner or Corporate Officer or Managing Member | Job Title | Date |
| X                                                          |           |      |
| Signature of Owner or Corporate Officer or Managing Member | Job Title | Date |
| X                                                          |           |      |
| Signature of Owner or Corporate Officer or Managing Member | Job Title | Date |
| X                                                          |           |      |
| Signature of Owner or Corporate Officer or Managing Member | Job Title | Date |
| X                                                          |           |      |

*If you need more than six signature lines, print this page again and attach additional copies of this page.*

**NOTE:** It is your responsibility to make sure all requirements are met. After your application and supporting documents are received and accepted, the Department of Motor Vehicles reserves the right to conduct an inspection of the premises at any time. If the Department of Motor Vehicles determines that your location does not meet the requirements of Vehicle and Traffic Law & Commissioner's Regulations 76 your driving school license may be suspended or revoked.

Send this form with all required attachments for your application to:

NYS Department of Motor Vehicles  
Driver Training Programs  
6 Empire State Plaza, Room 327  
Albany NY, 12228

(518) 473-7174, Option 3

**reset / clear**