



## VIRGINIA DRIVER TRAINING SCHOOL LICENSE APPLICATION (Class A School License-Commercial Vehicles)

**Purpose:** Use this form to apply for or renew a driver training school license to train applicants to operate any type of commercial motor vehicle as defined in Virginia Code § 46.2-341.4, which includes vehicles with a gross combined weight of 26,001 pounds or more.

**Instructions:** Return completed form to the Driver Training Work Center at the above address.

### SPECIAL INSTRUCTIONS

- All training vehicles must be inspected by an authorized DMV representative prior to use.
- Submit a vehicle insurance certification form (DTS 5) with this application.
- Direct any questions to the Driver Training Work Center at [dmvclu@dmv.virginia.gov](mailto:dmvclu@dmv.virginia.gov) or at (804)-367-7050.

### APPLICATION INFORMATION (check applicable box below)

Federal Motor Carrier Safety Administration (FMCSA) regulations and Virginia state law requires entry-level drivers to complete theory and behind-the-wheel Entry-Level Driver Training (ELDT) administered by an ELDT training provider before testing for certain commercial driver's license (CDL) classes and endorsements.

**Check the box below that applies to your curriculum.**

**Non-ELDT Driver Training School.** My curriculum was developed using the Class A Curriculum Requirements (DTS30).

**This is an original first-time application.**

My curriculum is included in this application

**This is a renewal application.**

My curriculum has already been approved by DMV

**ELDT Training Provider. I wish to provide ELDT.** My curriculum meets requirements for Entry-Level Driver Training (ELDT) as outlined in appendices A through E of 49 CFR part 80 of federal regulations.

**This is an original first-time application.**

My curriculum is included in this application  
**OR**

**This is a renewal application.**

My curriculum and CDT 16 is included in this application  
**OR**  
 My curriculum has already been approved by DMV

### OWNER INFORMATION

FULL LEGAL NAME OF OWNER (print) (last) (first) (mi) (suffix)				DMV CUSTOMER NUMBER	
HOME ADDRESS		CITY		STATE	ZIP CODE
EMAIL ADDRESS (if applicable)		HOME TELEPHONE NUMBER		FAX NUMBER (if applicable)	

### REPRESENTATIVE INFORMATION (authorized to act on behalf of the school)

OWNER FULL LEGAL NAME (print)(last, first, mi, suffix)		TITLE (if applicable)	DATE (mm/dd/yyyy)
OWNER FULL LEGAL NAME (print)(last, first, mi, suffix)		TITLE (if applicable)	DATE (mm/dd/yyyy)

### SCHOOL OPERATIONS INFORMATION

FULL NAME OF CLASS A DRIVER TRAINING SCHOOL (as shown on business license)			7-DIGIT DMV-ISSUED SCHOOL CODE (if renewing)		
MAILING ADDRESS		CITY		STATE	ZIP CODE
MAILING ADDRESS		CITY		STATE	ZIP CODE
SCHOOL PHONE NUMBER	SCHOOL FAX NUMBER	SCHOOL EMAIL ADDRESS		SCHOOL WEBSITE ADDRESS	
CLERK STAMP		CLERK STAMP		CLERK STAMP	

**Be sure to complete the reverse side of this form**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BUSINESS HOURS (8 hrs. minimum /week)	___ AM to ___ PM	___ AM to ___ PM	___ AM to ___ PM	___ AM to ___ PM	___ AM to ___ PM	___ AM to ___ PM	___ AM to ___ PM
CLASSROOM HOURS	___ AM to ___ PM	___ AM to ___ PM	___ AM to ___ PM	___ AM to ___ PM	___ AM to ___ PM	___ AM to ___ PM	___ AM to ___ PM

**ATTACH THE FOLLOWING FOR EACH ADDITIONAL SITE**

**Copy of contract or agreement with expiration date authorizing the use of the facility to conduct classroom/range instruction  
Business license (or letter from county/city stating not required)**

**TRAINING SITE LOCATIONS**

ADDRESS	CITY	STATE	ZIP CODE
ADDRESS	CITY	STATE	ZIP CODE
ADDRESS	CITY	STATE	ZIP CODE
ADDRESS	CITY	STATE	ZIP CODE
ADDRESS	CITY	STATE	ZIP CODE

**CERTIFICATION (all owners must sign)**

I/we apply for a original or renewal Driver Training School License and certify that all facts contained in this application are true and valid. I/we understand that I/we must submit a National Criminal Records Check within 60 days of the submission of this application.

I/we understand that I/we am/are subject to current statutes and regulations pertaining to the operation of the school(s) and are subject to preclicensing, initial, and annual audits by DMV.

I/we certify that I/we will use a curriculum approved by the Department of Motor Vehicles. Additionally the curriculum will comply with and be taught in accordance with the curriculum guidelines set by the Department of Motor Vehicles and current statutes and regulations pertaining to motor vehicles and the operation of driver training schools.

I/we further certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/we make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

OWNER NAME	OWNER SIGNATURE	DATE (mm/dd/yyyy)
OWNER NAME	OWNER SIGNATURE	DATE (mm/dd/yyyy)
OWNER NAME	OWNER SIGNATURE	DATE (mm/dd/yyyy)
OWNER NAME	OWNER SIGNATURE	DATE (mm/dd/yyyy)
CLERK STAMP	CLERK STAMP	CLERK STAMP