

Virginia Driver Training
SCHOOL LICENSE APPLICATION
Class B - Passenger Vehicle

Purpose: Use this form to apply for or renew a driver training school license for passenger vehicle training.

Instructions: Return completed form to the Commercial Licensing Work Center at the above address.

APPLICATION INFORMATION		
(check one) <input type="checkbox"/> Original (first-time application) <input type="checkbox"/> Renewal	OWNERSHIP TYPE (check one) <input type="checkbox"/> Business Entity Ownership <input type="checkbox"/> Individual Ownership	ONE YEAR LICENSE FEE \$ 100

OWNER INFORMATION			
Enter name of business entity or full legal name of individual who is owner of school			
BUSINESS ENTITY/INDIVIDUAL OWNER NAME (print) (last, first, mi, suffix)			
DMV CUSTOMER NUMBER	HOME/BUSINESS ADDRESS	CITY	STATE ZIP CODE
HOME TELEPHONE NUMBER	FAX NUMBER (if applicable)	EMAIL ADDRESS (if applicable)	

REPRESENTATIVE INFORMATION (authorized to act on behalf of the school)		
REPRESENTATIVE FULL NAME (print) (last, first, mi, suffix)	TITLE (if applicable)	TELEPHONE NUMBER
MANAGER/ADDITIONAL REPRESENTATIVE FULL NAME (print) (last, first, mi, suffix)	TITLE (if applicable)	TELEPHONE NUMBER

CONTACT INFORMATION		
CONTACT PERSON FULL LEGAL NAME (if different from owner/representative)	TITLE (if applicable)	TELEPHONE NUMBER
EMAIL ADDRESS (if applicable)		FAX NUMBER

SCHOOL OPERATIONS INFORMATION			
SCHOOL FULL NAME			
MAILING ADDRESS	CITY	STATE	ZIP CODE
SCHOOL LOCATION ADDRESS (if different from above)	CITY	STATE	ZIP CODE
FEDERAL IDENTIFICATION NUMBER (FEIN/DMV customer number)	BUSINESS LICENSE NUMBER (attach a copy for each site)		
SCHOOL TELEPHONE NUMBER	SCHOOL/OWNER CELL PHONE NUMBER	SCHOOL/OWNER FAX NUMBER	
DO YOU WISH TO DISPLAY YOUR WEB ADDRESS ON DMV WEBSITE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WEBSITE ADDRESS TO DISPLAY (if applicable)		
DO YOU WISH TO DISPLAY YOUR EMAIL ADDRESS ON DMV WEBSITE? <input type="checkbox"/> Yes <input type="checkbox"/> No	EMAIL ADDRESS TO DISPLAY (if applicable)		
INSTRUCTION TO BE PROVIDED (Check all that apply)			
<input type="checkbox"/> CLASSROOM TRAINING: <input type="checkbox"/> Juvenile only - (under age 19) <input type="checkbox"/> Juvenile and Adult	<input type="checkbox"/> BEHIND-THE-WHEEL TRAINING: <input type="checkbox"/> Adult only - (age 19 and older) <input type="checkbox"/> Juvenile only (under age 19)	<input type="checkbox"/> RE-EXAMINATION COURSE (for under age 19 following 3-time test failure)	
NOTE: If your school provides (or will provide) in-vehicle training, you must attach a vehicle insurance certification form (DTS - 5). All training vehicles must be inspected by an authorized DMV Representative prior to use.			

Be sure to complete the reverse side of this form.

DMV USE ONLY			
CLERK STAMP	VERIFICATION OF: <input type="checkbox"/> \$100 Fee paid <input type="checkbox"/> Business License <input type="checkbox"/> National Criminal Background Check <input type="checkbox"/> Surety Bond Contract/Agreement <input type="checkbox"/> Certificate of Insurance	DECISION: <input type="checkbox"/> Approved School License # <input style="width: 80px;" type="text"/> School Code # <input style="width: 80px;" type="text"/> <input type="checkbox"/> Denied Licensed Date (mm/dd/yyyy) <input style="width: 80px;" type="text"/> License Expiration Date (mm/dd/yyyy) <input style="width: 80px;" type="text"/>	REMARKS

SCHOOL OPERATIONS INFORMATION (con't.)

	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

TRAINING SITE LOCATIONS

ATTACH THE FOLLOWING FOR EACH ADDITIONAL LOCATION

- Copy of contract or agreement with expiration date authorizing the use of the facility to conduct classroom/range instruction.
- Business License (if applicable)

NAME AND ADDRESS OF ADDITIONAL FACILITY	DMV USE ONLY	
	DATE ADDED	DATE REMOVED

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.

If licensed, it is understood that I/we are subject to current statutes and regulations pertaining to the operation of the school(s) and are subject to pre-licensing, initial and annual audits by DMV.

I/we certify that I/we will use a curriculum approved by the Department of Motor Vehicles that includes state motor vehicle laws and federal motor carrier safety rules and regulations. Additionally the curriculum will be in accordance with the curriculum guidelines for Driver Education in Virginia and current statutes and regulations pertaining to motor vehicles and the operation of the school(s).

I/we further certify and affirm that all information presented in this form is true and correct, that any documents I 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 (print)	OWNER SIGNATURE	DATE (mm/dd/yyyy)
OWNER NAME (print)	OWNER SIGNATURE	DATE (mm/dd/yyyy)
OWNER NAME (print)	OWNER SIGNATURE	DATE (mm/dd/yyyy)
OWNER NAME (print)	OWNER SIGNATURE	DATE (mm/dd/yyyy)