

**Online Driver Training
CURRICULUM VENDOR REGISTRATION
APPLICATION**

Purpose: Use this form to register as an online driver training curriculum vendor.

Instructions: Return completed form to the Commercial Licensing Work Center at the above address along with the following documents:

- A copy of the Contract/Agreement for partnering with Virginia DMV-licensed Driver Training Schools.
- A copy of the Course Completion Certificate that shows the student successfully completed a 30-hour online driver education course prior to taking the final examination.
- A copy of the Certificate of Completion issued after the final examination.

| APPLICATION INFORMATION | |
|-------------------------|-----------------|
| CURRICULUM/COURSE NAME | COURSE WEB LINK |

| APPLICANT INFORMATION | | | | |
|-------------------------------|---------|------|----------|-------|
| APPLICANT NAME (print) (last) | (first) | (mi) | (suffix) | TITLE |

| REPRESENTATIVE INFORMATION (authorized to act on behalf of owner) | | | | | |
|---|---------|------|----------|-------|------------------|
| REPRESENTATIVE FULL LEGAL NAME (print) (last) | (first) | (mi) | (suffix) | TITLE | TELEPHONE NUMBER |
| MANAGER/2ND REPRESENTATIVE FULL NAME (last) | (first) | (mi) | (suffix) | TITLE | TELEPHONE NUMBER |

| CONTACT INFORMATION | | | | | |
|---|---------|------|----------|-------|------------------|
| CONTACT PERSON NAME (if not applicant) (last) | (first) | (mi) | (suffix) | TITLE | TELEPHONE NUMBER |
| EMAIL ADDRESS | | | | | FAX NUMBER |

| BUSINESS OPERATIONS INFORMATION | | | |
|---|------------|-----------------------|---------------|
| VENDOR FULL BUSINESS NAME | | | |
| BUSINESS ADDRESS | CITY | STATE | ZIP CODE |
| MAILING ADDRESS (if different from above) | CITY | STATE | ZIP CODE |
| TELEPHONE NUMBER | FAX NUMBER | OFFICE HOURS AM PM | EMAIL ADDRESS |

| CERTIFICATION | | |
|--|---------------------|-------------------|
| <p>I hereby make application to register as an online driver training school curriculum vendor with the Virginia Department of Motor Vehicles. I understand that, if approved, I must maintain certification with the Department of Education. By signing this document, I certify that I have been approved by the Department of Education as an online driver training school curriculum vendor. I understand that submitting false or inaccurate information pursuant to this application may result in termination of Vendor's registration with this department.</p> <p>Either party may terminate their registration by giving written notice within 30 working days. It is the vendor's responsibility to give 30 working days notification to each online driver training school that they partner with should they decide to terminate their registration as an online curriculum vendor with the department.</p> | | |
| APPLICANT NAME (print) | APPLICANT SIGNATURE | DATE (mm/dd/yyyy) |

| DMV USE ONLY | | |
|--------------|--|--|
| CSR STAMP | APPLICATION APPROVED DATE (mm/dd/yyyy) | AGREEMENT EFFECTIVE DATE (mm/dd/yyyy) |
| | APPLICATION DENIED DATE (mm/dd/yyyy) | AGREEMENT EXPIRATION DATE (mm/dd/yyyy) |