



DRIVER SCHOOL APPLICATION

Wisconsin Department of Transportation
MV3110 3/2018 s.343.60 - 72 Wis. Stats.

Wisconsin Department of Transportation
Division of Motor Vehicles
WisDOT Driver Training School Program
P.O. Box 7920, Madison, WI 53707-7920

Driver Training School Coordinator dotdrvtrnschool@dot.wi.gov

Telephone: (608) 264-7495 / Fax: (608) 223-7705

Section A – Customer (please print)

APPLICATION TYPE (check one) Original Renewal Duplicate Change

LICENSE TYPE Adult Only Under 18 Only Adults and Under 18 Commercial Motor Vehicle Online FYR Only

COURSES APPLYING FOR Classroom 6/6 Behind-the-Wheel 9 Hours BTW Refresher Adults Only Online
 Failure to Yield (choose one of the following): Classroom Online Both
 Instructor Training (choose one of the following): Public Private Both
 CMV

Complete all questions. Questions not answered will delay license issuance. For original and renewal licenses, submit this application with required documents. Refer to MV3757 for further information.

1. School Name (exactly as it is to appear on license)	2. School ID # (DMV Assigned) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr></table>									1	2	3	4	5	6	7	8	3. (Area Code) Telephone Number
1	2	3	4	5	6	7	8											
4. Current Office Address, City, State, ZIP Code	County	Website Address																
5. Special Mailing Address (if different from above address)	6. Email Address																	
7. List all classrooms to be used. Include complete address. (if applicable)																		

8. Type of Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	9. Corporate or Firm Name (if other than the school named above)	10. Federal Employer ID Number (FEIN) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td> </td></tr></table>											1	2	3	4	5	6	7	8	9	
1	2	3	4	5	6	7	8	9														

11. List all owners, partners, associates, officers, directors, managers (Owners/Managers—Online Only)						IF WisDOT EMPLOYEE GIVE DIV/BUR	B C
TITLE	FULL NAME	BIRTH DATE	SEX	* SOCIAL SECURITY #			

YES NO 12. Have any of the above-named persons been associated with a driver school which had its license revoked, suspended, cancelled or denied? If yes, give the person's name, school name, date and location.

13. Do any of the above-named persons have a financial interest in a third party tester or have any been employed by a third party tester for CMV? If yes, give the person's name, third party tester name and address.

14. Have any of the above-named persons been convicted of a felony? If yes, give the person's name, reason, date and location.

15. Are any of the above-named persons required to register with the Sex Offender Registry? If yes, give the person's name, reason, date and location.

16. List all driver training vehicles owned or leased by your school. Attach a separate list if additional space is needed. (if applicable)

YEAR	MAKE	IDENTIFICATION NUMBER	LICENSE PLATE NUMBER

17. List all instructors. Give first name, middle initial, last name and instructor license number. Attach a separate list if additional space is needed.

DRIVER SCHOOL APPLICATION (continued)

Wisconsin Department of Transportation MV3110

18. Records

YES **NO**

Does the school maintain records according to Trans 105.05 and s.343.71(1m) Wis. Stats.?

19. Program Approval – Students Under 18 (if applicable)

YES **NO** **Classroom and Behind the Wheel**

Does the classroom and behind-the-wheel lesson plan summary specify a minimum of one main topic or more for each hour?

Do the classroom and behind-the-wheel lesson plans extend over a minimum of 3 weeks?

Classroom

Does the course cover, but is not limited to, the specific items listed in Trans 105.07 and s.343.71(5) Wis. Stats.?

Does the lesson plan cover no more than 2 hours per day, excluding breaks?

Does the instruction consist of a minimum 30 clock hours per student?

Behind-the-Wheel

Will each student have no more than 1 hour of behind-the-wheel driving per day?

Will each student observe no more than 2 hours per day?

20. Is the school CDTP certified?

21. Insurance/Bond Requirements per s.343.61 Wis. Stats. and Trans. 105.10

Proof of Insurance Attached Proof of Bond Attached – Specify Amount: _____

Number of completions electronically submitted in previous 24 months (if applicable):

0–300 301–1100 1101 or More

I certify that the answers and statements on this application are true and correct. I understand that the school and instructor license applications will be denied if an applicant has unpaid taxes or child support.

X

(Authorized School Representative Signature)

(Date – m/d/yyyy)

Section B – DMV Use Only – School Owner/Manager Tests. 80% or higher to pass. Attach a separate page if more space is needed.

SCHOOL OWNER / MANAGER NAME	SCHOOL TEST		INSTRUCTOR TEST	
	PASS	FAIL	PASS	FAIL
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Date – m/d/yyyy)

(Place of Examination)

X

(Examiner Signature / ID Number)