



DRIVER TRAINING VEHICLE RECORD

MV3264 4/2014 s.343.72 Wis. Stats.

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

Driver Training School Coordinator Telephone: (608) 264-7495
dotdrvtrnschool@dot.wi.gov Fax: (608) 223-7705

Submit proof of insurance on the vehicle identified below to the Wisconsin Department of Transportation. Hold minimum insurance of not less than \$500,000 because of bodily injury to or death of one person in any one accident and, subject to that limit for one person, to a limit of not less than \$500,000 because of bodily injury to or death of 2 or more persons in any one accident and, if the accident has resulted in injury to or destruction of property, to a limit of not less than \$50,000 because of injury to or destruction of property of others in any one accident.

The Driver Training School must make a copy of this completed form for their records. Please send the original copy of MV3264, Driver Training Vehicle Record form with proof of vehicle insurance to the WisDOT Driver Training School Program address above. * Please note the Department will not accept a Driver Training Vehicle Record form MV3264 unless it is accompanied with proof of vehicle insurance.

Section A – Registration

School completes this section:

- When vehicles are added to the fleet;
- If the vehicle is less than 3 years old OR the mileage is less than 100,000.

Driver School Name		Driver School Identification Number	
Driver School Address			
Vehicle Year	Make	Model	Mileage
Vehicle Identification Number		License Plate Number	

Section B – Inspection

DMV Representative completes this section when vehicle is added to fleet or upon DTS Coordinator request.

Vehicle inspection requirements are defined by s.343.72(10)(11)(12) Wis. Stats. and Trans. 105.06(11) (a), (b) Wis. Adm. Code.

Right Outside Mirror	Sign Visible from Rear of Vehicle	Replacing Vehicle	Dual Brake
Year	Make	Vehicle Identification Number	

X

(Examiner Signature / Number)

(Date – m/d/yyyy)

Section C – Certification

Mechanic completes this section, only when vehicle is 3 years old or more and/or has more than 100,000 miles, Trans. 105.06(11) Wis. Adm. Code. Each such vehicle shall be inspected annually. The school is encouraged to have the annual inspection just prior to the month of the expiration of your driver school license.

The definition of “motor vehicle repair shop” is a natural person, corporation, partnership or other business association or entity engaged in the motor vehicle repair business, but does not include a shop that repairs motor vehicles for a single business entity or for 2 or more entities subject to common control.

Mechanic Name _____

Service Facility Name _____

Service Facility Address _____

The following equipment / components must be in working order:

- | | | |
|--|--|---|
| <input type="checkbox"/> Headlamps, both high and low beams; | <input type="checkbox"/> Driver and passenger door latches and locks; | <input type="checkbox"/> Tires and rims; |
| <input type="checkbox"/> Tail lamps, front and rear turn signals, side lights, and brake lights; | <input type="checkbox"/> Brakes, both foot and parking brakes; | <input type="checkbox"/> Steering and suspension; |
| <input type="checkbox"/> Hazard warning lamps; | <input type="checkbox"/> Driver and passenger restraints, including air bags if so equipped; | <input type="checkbox"/> Exhaust system; |
| <input type="checkbox"/> License plate lamp; | <input type="checkbox"/> Windshield, rear window, front, and side windows; | <input type="checkbox"/> Speedometer; |
| <input type="checkbox"/> Mirrors, both inside and outside; | <input type="checkbox"/> Horn; | <input type="checkbox"/> Bumpers; |
| | <input type="checkbox"/> Dual-Control brake; | <input type="checkbox"/> Frame or unibody. |

I certify that I inspected the vehicle identified on this form. The vehicle meets or exceeds safety standards.

X

(Mechanic's Signature)

(Date – m/d/yyyy)