

You must submit this Driver Training School Classroom Certification MV3684:

When a new classroom is being added – this includes a change in the room number.

At renewal time for all classrooms located in a public or private school facility.

Please remember, when submitting form MV3684 for a location within a public or private school, the form must be accompanied with a memo on school letterhead stating that the driver training school has permission to use the school's facility.

Please inform WisDOT in writing if you are no longer using an approved classroom location.

Mail completed form to:

DTS COORDINATOR USE ONLY

Wisconsin Department of Transportation, Driver Training Sc	hool Program, PO Box 7920, Madison, WI 53707
Print clearly.	Cabaal Identification Number
School Name as it Appears on License	School Identification Number
School Office Street Address, City, State, ZIP Code	<u> </u>
Classroom Street Address, Room Number, City, State, ZIP Code	
Date to Begin Using Identified Location	
School Representative – Name	
School Representative – Title	
\$10 One-time fee at classroom street address – Make che Change room number for classroom at same street address – Classroom space must meet the listed requirements. All requirements and Trans. 105.01(4) Vis. Stats. and Trans. 105.01(4) Vis. Stats.	ess – No fee uirements are mandatory and no exceptions are allowed.
Adequate lighting	■ Distance – At least 1,500 feet from any WisDOT road test sight
Adequate temperature control	■ Noise – Free of noise or potential distractions
Adequate ventilation	Public School Approval – Attach letter
 Audio-visual materials (Projector, chalkboard, VCR/TV etc.) 	Rest room facility access
 Business zone – If not in business zone, attach letter from zoning authority Clean 	 Space – At least 20 square feet per occupant – Maximum number of students is 35
(Room Width)	(Room Length) / 20 = (Number of Students)
Please use the back of this certification to sketch the proposition and window locations. If the classroom is not a number the classroom location within the building.	
I certify, under penalty of law, that all information on thi provides a comfortable, safe and learning-conducive en may inspect the above space.	

(School Representative Signature)

(Date - m/d/yyyy)

Approval Mail Date	Employee Initials