



DRIVER TRAINING SCHOOL BOND ALTERNATIVE

Wisconsin Department of Transportation
MV3755 5/2013 s.343.61(3m)(b) Wis. Stats.

Instructions

1. The driving school must furnish a cashier's check made payable to the Wisconsin Department of Transportation. This is the only process that is established in lieu of the bond. No property, no CDs, no other types of bonds, etc. are acceptable.
2. The cashier's check must be for the same amount as the bond.
3. The amount of the cashier's check may need to be adjusted at every renewal. The driving school must re-evaluate the cashier's check amount every renewal period. See calculations chart below. If an additional amount is required, the driving school must send in the additional amount. If the amount decreases, WisDOT will refund the appropriate amount.
4. The driving school must complete this form. The completed form will be held at WisDOT.
5. If the school should go out of business, the amount will remain at DOT 18 months. After the 18 month period, the appropriate amount will be returned to the school owner(s) at the address furnished to WisDOT at the time of closing.
6. Mail cashier's check with completed form to: WisDOT Driver Training School Program
PO Box 7920, Madison, WI 53707-7920

Print clearly

School Name (as it appears on license)	School Identification Number
School Office – Street Address, City, State, ZIP Code	
School Representative Name	
School Representative Title	
Cashier's Check Amount	

Calculations <i>(based on signed completion slips for the prior period)</i>	Number of Points in 24 Months			
	0	1 – 2	3 – 6	7 OR MORE
0 – 300	\$5,000	\$10,000	\$15,000	\$30,000
301 – 1100	\$10,000	\$15,000	\$20,000	\$45,000
1101 or More	\$15,000	\$20,000	\$25,000	\$60,000
Online only	\$5,000			

I, the undersigned school representative, agree that if a customer(s) submits a request for refund because the school fails to meet the obligations of its training contract and the school does not resolve the complaint within 15 days, WisDOT may pay the customer(s) from the amount the school deposited as it deems just and equitable. Any amount paid will reduce the amount to be refunded to the school dollar for dollar.

I certify, under penalty of law, that all information on this form is true.

X

(School Representative Signature)

(Date-m/d/yyyy)

DTS Coordinator Use Only

Approval Mail Date	Employee Initials
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