

DRIVING SCHOOL RENEWAL APPLICATION

DMV USE ONLY			
License	Expiration		
Number	Date		
Date	Fee		
Processed			

INSTRUCTIONS ->	COMPLETE ABBD and B	→ REVIEW CHECKLIST F	→ FOLLOW MAILING INSTRUCTIONS ⑤
	required information and sign this form. If signed form to the address noted on page		ue or black ink. Make a copy for your record re renewed for two years.

BUSINESS	INFORMATION						
Name of Drivir School					Phone Number		
Address of School		City	S	tate	Zip Cod	de	
Branch Name and Address							e than
Branch Name and Address						attach a	dditional eet
Last Name of 0 or Principal Au	Owner thorized Official	First	M.I.	Fax Numbe	ər	-	
• •	ss (check one of the following) prietorship Partnership Corporation Ot	ther (describe)	Federal II Number)			
	sinesses regulated by the Department of N tment of Taxation and Finance, upon requ						
E-mail Addres		Driving School Website					
School 2. Do you Authori 3. Do you 4. Do you Deliver	Auto Bus Motorcycle driving school provides vehicles for in Vehicles) teach the Pre-Licensing Course? (If "yes zed Signature List - Pre-Licensing Cour provide any Private Service Bureau (PS teach the Point and Insurance Reduction y Agency and Sponsor in the space bell ry Agency Name:	s" you <u>MUST</u> attach a completed forse)	rm MV-278.6,	of you		CHEC YES	K ONE NO
	Sponsor Name:						
Delive	ry Agency Name:						
(If more	Sponsor Name: than two, list names on separate page)						
ANSWER A	ALL QUESTIONS:					CHEC YES	K ONE NO
1. Has ther	e been any change of owner, partner, corp	oorate officer, major stockholder or m	nanaging memb	er of t	he driving school		
or felon	y of the owners, partners, corporate offi y involving violence, dishonesty, deceit, ion)	, indecency, degeneracy or moral tur	rpitude? (If "y	es", at	ttach sheet with	_	
3. Do you	contract with any public or private high	schools and or colleges to provide 1	part of a Drive	r Educ	cation Course?	. 🗆	

Name	e of Driving School:
O	WORKERS' COMPENSATION and DISABILITY BENEFITS INSURANCE COVERAGE: You must include proof with your renewal application. Workers' Compensation Law (Section 57) and the Disability Benefits Law (Section 220, subdivision 8) require you to provide proof that you have obtained the appropriate workers' compensation and disability benefits insurance coverage for any paid and unpaid employees. With this application you must attach proof of Workers' Compensation: □ Workers' Compensation, form C-105.2 or U-26 AND □ Disability Benefits Insurance, form DB-120.1 OR
	☐ Signed copy of form CE-200 , <i>Application for Certificate of Attestation of Exemption</i> , found at <u>labor.ny.gov</u>
	Please note: form C-105 and form DB-120 are NOT acceptable proof.
(3	CERTIFICATION: Each owner, partner, corporate officer or managing member of the driving school must sign in the space provided below. As a condition for the issuance and the continued validity of a driving school license, the individuals signing this application agree to the following conditions:
	• to comply with all of the provisions of the New York State Vehicle and Traffic Law and the rules and regulations of the Commissioner,
	 to comply with all state laws and regulations and all municipal ordinances and regulations relating to public health and public safety for the school and business facility, and
	◆ to employ (or otherwise make use of) instructors who have been properly certified by the State of New York to instruct at the applicant's driving school.
that	of the individuals signing this application affirm that they have read the entire application, that they are familiar with all of its contents, an all answers and statements made in connection with this application are true. <i>Each owner, partner, corporate officer, and managinates</i> of the driving school <u>must sign</u> in the space provided below.
To k	knowingly make a false statement or conceal a material fact in this application is a criminal offense, and may result in th ocation of your driving school license. False statements are punishable under Section 210.45 of the Penal Code.
Print	Name Title
Signa X	ature (Owner or Authorized Official) Date
	Name Title
Signa X	ature (Owner or Authorized Official) Date
	Name Title
Signa X	ature (Owner or Authorized Official) Date
F	CHECKLIST: All renewal applications must include the following: Form MV-522 Driving School Renewal Application (completed and signed) Your application must be signed by each owner/partner/corporate officer/managing member (section E)
	☐ Form C-105.2 or U-26.3 Proof of Workers' Compensation AND form DB-120.1 Disability Benefits OR A signed copy of form CE-200, Application for Certificate of Attestation of Exemption (see section D) Please note: Form C-105 and Form DB-120 are NOT acceptable proof.
	☐ Check or money order payable to the Commissioner of Motor Vehicles (starter checks are NOT acceptable).
	Driving School two-year renewal = \$100.00 Branch Office two-year renewal = \$3.00
	DRIVING SCHOOL LICENSES MUST BE RENEWED FOR TWO YEARS.
	SERVICES: For services that your driving school provides (see section B), include the following:
	☐ IF YOUR DRIVING SCHOOL USES VEHICLES FOR INSTRUCTION, YOU MUST ATTACH: form MV-527 List of Driving School Vehicles (completed and signed)
	☐ IF YOUR DRIVING SCHOOL PROVIDES THE PRE-LICENSING COURSE, YOU MUST ATTACH: form MV-278.6 Authorized Signature List - Pre-Licensing Course (completed and signed)
G	MAILING INSTRUCTIONS:

- 1. Make a copy of the renewal application and all documents for your files.
- 2. Mail the renewal application form, all required documentation and the fee to:

 NYS Department of Motor Vehicles, Bureau of Driver Training Programs, Certification and Oversight,
 6 Empire State Plaza, Rm 327, Albany NY 12228.

