



Send all lists to:

- DEPARTMENT OF MOTOR VEHICLES
DRIVER TRAINING PROGRAMS
6 EMPIRE STATE PLAZA, ROOM 336
ALBANY NY 12228**

[illegible]

My signature below affirms that each vehicle listed above: is, and will remain, properly insured for driving instruction; is equipped in accordance with Commissioner's Regulations Part 76, Section 76.11; and any advertising placed on these vehicles complies with Commissioner's Regulations Part 76, Section 76.21. My driving school has permission from the vehicle registrant to use the vehicle for instruction and testing.

Name of Driving School

Date

Driving School Business Address (Street, City, State, Zip Code)

County

First Name

Middle

Last

Full Signature

Title

X

