



Please complete the following:

Form with fields: Driving School Name, Driving School License #, Address, City, State, Zip Code, Phone Number, E-Mail Address, Primary User(s), Additional User(s), Password.

Please note: Only driving school owner(s), corporate officer(s) or employee(s) registered with the department may be authorized to use this system.

AGREEMENT

I will only schedule or change road test appointments for customers who give me authorization to do so on their behalf.

I understand that access to the DMV Internet Road Test Scheduling System is a privilege that may be suspended or revoked by the DMV for any inappropriate use of the system or for any violation of the Commissioner's Regulations deemed serious by the Department of Motor Vehicles.

(Print name of Owner/Authorized Official of Driving School)

(Signature of Owner/Authorized Official of Driving School)

(Date)

Send this completed form to:

NYS Department of Motor Vehicles
Bureau of Driver Training Programs
Certification & Oversight Unit
6 Empire State Plaza, Room 221
Albany, New York 12228