

INSTRUCTIONS All sponsor owners, operators, managers, partners, officers, directors and shareholders listed on forms DTP-403, DTP-404 and DTP-405, or anyone who has become newly associated in that capacity with the business after its approval, must complete a Personal History Form. For an original application, this form must be sent with either the DTP-403 or DTP-405. The sponsor must return this form to: New York State Department of Motor Vehicles, Driver Training Programs, 6 Empire State Plaza, Room 327, Albany, NY 12228.

NOTE: A change regarding any information on this form must be reported in writing within ten days to the Department of Motor Vehicles at the address listed above.

Last Name	First	M.I.	Job Title	Social Security Number *
				- -
Home Mailing Address (Street & Number)		City	State	Zip Code
				Apt. #
				Daytime Phone Number ()
Driver License I.D. Number (Indicate the State license issued from)	License Expiration Date (Month/Day/Year)		Date of Birth (Month/Day/Year)	
	/ /		/ /	
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Business				Business Phone Number ()
Address of Business (Street & Number)		City	State	Zip Code

State your relationship to the business: _____

Do you actively participate in business operations or decision making? Yes No

* Section 5 of the NYS Tax Law requires the Department of Motor Vehicles to provide Social Security numbers to the NYS Department of Taxation and Finance upon request.

LIST EMPLOYMENT EXPERIENCE FOR LAST 5 YEARS. List the most recent first. (Attach additional sheets, if necessary.)

Name and Address of Business		
Job Description/Title	Dates Employed (month/year)	Reason for Leaving
	From To	
Name and Address of Business		
Job Description/Title	Dates Employed (month/year)	Reason for Leaving
	From To	
Name and Address of Business		
Job Description/Title	Dates Employed (month/year)	Reason for Leaving
	From To	
Name and Address of Business		
Job Description/Title	Dates Employed (month/year)	Reason for Leaving
	From To	
Name and Address of Business		

ANSWER ALL QUESTIONS

For every question answered "yes", you must provide a complete explanation on page 2 of this form.

CHECK ONE

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | Yes | No |
| 1. Have you ever been known by any name other than the one shown on this personal history form? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of a felony, or of any crime involving violence, dishonesty, deceit, indecency, degeneracy or moral turpitude? If "yes", complete the information in table below and attach a copy of the certificate of conviction to this form | <input type="checkbox"/> | <input type="checkbox"/> |

Date of Conviction	Offense Committed	State in Which Offense Occurred

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 3. Have you ever been convicted of perjury or of making any false statements relating to any part of the New York State Vehicle and Traffic Law? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you now involved with any charges or court proceedings related to a felony or other crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has your driver license ever been denied, cancelled, suspended or revoked in New York or any other state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been affiliated with, or employed by, any accident prevention course, defensive driving program, driving school, traffic violator program or driver safety/education program that has had its approval to conduct classes, or its general business operations, suspended or revoked in New York or any other state? | <input type="checkbox"/> | <input type="checkbox"/> |

