



**ONLINE PRE-LICENSING PROGRAM
BUSINESS RESPONSIBILITY QUESTIONNAIRE**

dmv.ny.gov

FEIN: _____

INSTRUCTIONS

The principal owner(s) or a designee listed on the DTP-403 must complete this Business Responsibility Questionnaire and return it along with the DTP-403 **or** DTP-404 to:

New York State Department of Motor Vehicles

Driver Training Programs

6 Empire State Plaza, Room 336

Albany, NY 12228

For answers requiring additional sheets, each response must be numbered to match the corresponding question.

1. LEGAL BUSINESS NAME

2. (FEIN)

3. D/B/A - DOING BUSINESS AS (if applicable) FOR COURSES BEING GIVEN IN NEW YORK STATE

4. ADDRESS OF PRIMARY PLACE OF BUSINESS AND EXECUTIVE OFFICE(S)

5. TELEPHONE NUMBER

6. FAX NUMBER

7. ADDRESS OF PRIMARY PLACE OF BUSINESS AND EXECUTIVE OFFICE(S) IN
NEW YORK STATE, (if different from above)

8. TELEPHONE NUMBER

9. FAX NUMBER

10. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE

Name: _____ Title: _____

Telephone Number: _____ Fax Number: _____

e-mail: _____

11. BUSINESS ENTITY

Business Entity Type (eg. Business Corporation, Limited Liability Company [LLC], etc.) _____

Date of Incorporation, Organization, Establishment* ____ / ____ / ____

State of Incorporation, Organization, Establishment* _____

* If not incorporated, organized, or established in New York State, please provide a copy of authorization to do business in New York.

12. PRIMARY BUSINESS ACTIVITY - (Please identify the primary business categories, products or services provided by your business)

13. NAME OF WORKERS' COMPENSATION INSURANCE CARRIER - (Please provide proof of current coverage including forms C-105.2, U-26.3, SI-12, GSI-105.2 or WC/DB-100)

14. List the name and address of any attorney, lobbyist or third party designated by the sponsor to represent or speak on behalf of the sponsor. If these individuals have been known by another name, also submit the alternate name. Please indicate who actively participates in the decision making and operations of the business. Attach additional sheets as necessary.

NAME (and alternate name)	Residential Address	Role/Relationship to Sponsor	Actively Participates in Business Operations or Decision Making
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

A DETAILED EXPLANATION IS REQUIRED AND MUST BE PROVIDED FOR EACH QUESTION ANSWERED WITH A “YES.” YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES IN MAKING A DETERMINATION OF BUSINESS RESPONSIBILITY. ATTACH ADDITIONAL SHEETS AS NECESSARY. PLEASE NUMBER EACH RESPONSE TO MATCH THE CORRESPONDING QUESTION NUMBER.

15. Does the business use, or has it used in the past ten (10) years, any other business name, FEIN, or D/B/A other than those listed in items 1-3 above? ☐ Yes ☐ No

List all other business name(s), FEIN(s) or any D/B/A name(s) and the dates that these name(s) or numbers were/are in use. Explain the relationship to the business.

16. Are there any individuals now serving in a managerial or consulting capacity to the business, including principal owners and officers, who now serve or in the past three (3) years have served as: ☐ Yes ☐ No

a) An elected or appointed public official or officer? ☐ Yes ☐ No

List each individual’s name, business title, the name of the organization and position elected or appointed to, and dates of service.

b) A full or part-time employee in a New York State agency or as a consultant, in their individual capacity, to any New York State agency? ☐ Yes ☐ No

List each individual’s name, business title or consulting capacity and the New York State agency name, and employment position with applicable service dates.

c) An officer of any political party organization in New York State, whether paid or unpaid ☐ Yes ☐ No

List each individual’s name, business title or consulting capacity and the official political party position held with applicable service dates.

17. Within the past five (5) years, has the business, any individuals serving in managerial or consulting capacity, principal owners, officers, major stockholder(s) (10% or more of the voting shares for publicly traded companies, 25% or more of the shares for all other companies), an affiliate, or any person involved in the business operations:
- a) been indicted, convicted, received a judgment against them or a grant of immunity for any conduct constituting a crime under local, state or federal law including but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?..... ☐ Yes ☐ No
- b) been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination for violations of: ☐ Yes ☐ No
- 1. federal, state or local health laws, rules or regulations, including but not limited to Occupational Safety & Health Administration (OSHA) or New York State labor law;
 - 2. state or federal environmental laws;
 - 3. unemployment insurance or workers' compensation coverage or claim requirements;
 - 4. Employee Retirement Income Security Act (ERISA);
 - 5. federal, state or local human rights laws;
 - 6. civil rights laws;
 - 7. federal or state security laws;
 - 8. federal Immigration and Naturalization Services (INS) and Alienage laws;
 - 9. state or federal anti-trust laws; or
 - 10. charity or consumer laws?

For any of the above, detail the situation(s), the date(s), the name(s), title(s), address(es) of any individuals involved and, if applicable, any contracting agency, specific details related to the situation(s) and any corrective action(s) taken by the business.

18. In the past three (3) years, has the business had any claims, judgments, injunctions, liens, fines or penalties secured by any governmental agency? ☐ Yes ☐ No

Indicate if this is applicable to the submitting business or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."

19. Has the business (for profit and not-for profit corporations) in the past three (3) years, had any governmental audits that revealed material weaknesses in its system of internal controls, compliance with contractual agreements and/or laws and regulations or any material disallowances? ☐ Yes ☐ No

Indicate if this is applicable to the submitting business or affiliate. Detail the type of material weakness found or the situation(s) that gave rise to the disallowance, any corrective action taken by the business and the name of the auditing agency.

20. Is the business exempt from income taxes under the Internal Revenue Code? ☐ Yes ☐ No

Indicate the reason for the exemption and provide a copy of any supporting information.

21. During the past three (3) years, has the business failed to:

a) file returns or pay any applicable federal, state or city taxes? ☐ Yes ☐ No

If yes, identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the business failed to file/pay and the current status of the liability.

b) file returns or pay New York State unemployment insurance? ☐ Yes ☐ No

If yes, indicate the years the business failed to file/pay the insurance and the current status of the liability.

22. Is the business currently insolvent, or does the business currently have reason to believe that an involuntary bankruptcy proceeding may be brought against it? ☐ Yes ☐ No

Provide financial information to support the business’s current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the business’s situation.

WARNING: Making a false statement on this application, or submitting any documentation in support of this application that is false, may be punishable as a criminal offense.

CERTIFICATION: The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the State of New York or its agencies or political subdivisions in making a determination regarding a certification, license or approval; acknowledges that the State or its agencies and political subdivisions may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The signature below certifies that the undersigned:

- is authorized to sign on behalf of the applicant to become an Online Pre-Licensing Program sponsor;
- will ensure that the applicant follows the terms and conditions of the Online Pre-Licensing Course Pilot Policies, Article 12-D of the Vehicle and Traffic Law, and 15 NYCRR Part 10;
- understands that failure to follow such terms and conditions, statutes, or rules and regulations may result in DMV’s refusal to approve an applicant or the suspension or revocation of sponsor approval;
- has not altered the content of the questions in the questionnaire in any manner;
- has read and understands all of the items contained in the questionnaire and any pages attached by the submitting business;
- has supplied full and complete responses to each item therein to the best of the undersigned’s knowledge, information and belief;
- is knowledgeable about the business and operations;
- understands that New York State will rely on the information supplied in this questionnaire when certifying, licensing or approving a business, and at any time thereafter; and
- is under duty to notify the Department of Motor Vehicles of any material changes to the business' responses herein.

Owner/Officer	Printed Name of Business Owner/Officer	Title
	Signature of Owner/Officer X	Date
	Address (Include City, State, Zip)	

Notary Information:
↓ Notary Stamp ↓

Sworn to me on this _____ day of _____, 20____
Print Name: _____
Signature: X
Date: _____

Owner/Officer	Printed Name of Business Owner/Officer	Title
	Signature of Owner/Officer X	Date
	Address (Include City, State, Zip)	

Notary Information:
↓ Notary Stamp ↓

Sworn to me on this _____ day of _____, 20____
Print Name: _____
Signature: X
Date: _____

Owner/Officer	Printed Name of Business Owner/Officer	Title
	Signature of Owner/Officer X	Date
	Address (Include City, State, Zip)	

Notary Information:
↓ Notary Stamp ↓

Sworn to me on this _____ day of _____, 20____
Print Name: _____
Signature: X
Date: _____