



INSTRUCTIONS: You must complete and submit this form if your driving school teaches the Pre-Licensing Course when you file an original Driving School License Application (form MV-521), Driving School Renewal Application (form MV-522), and/or if you want to change the name of any person who signs certificates or orders books of Pre-Licensing Course Completion Certificates (form MV-278).

- NOTE:**
- Only classroom-endorsed instructors who teach a pre-licensing course may issue a completion certificate (form MV-278).
 - Only the owner or authorized classroom-endorsed instructor may sign a duplicate Pre-Licensing Course Completion Certificate (form MV-278).

Print name and address of your driving school here: _____

LIST ALL INDIVIDUALS WHO ARE AUTHORIZED TO:

- ✓ **Request**/purchase books of Pre-Licensing Course Completion Certificates (form MV-278) for your driving school.
- ✓ **Teach** the Pre-Licensing Course for your driving school.
- ✓ **Sign** duplicate Pre-Licensing Course Completion Certificates (form MV-278).

Put a check (✓) below to show what each is authorized to do:

Print Name	<input type="checkbox"/> Request MV-278 Books	<input type="checkbox"/> Teach the Pre-Licensing Course	<input type="checkbox"/> Sign Duplicate Certificate(s)
Signature X	Title		
Print Name	<input type="checkbox"/> Request MV-278 Books	<input type="checkbox"/> Teach the Pre-Licensing Course	<input type="checkbox"/> Sign Duplicate Certificate(s)
Signature X	Title		
Print Name	<input type="checkbox"/> Request MV-278 Books	<input type="checkbox"/> Teach the Pre-Licensing Course	<input type="checkbox"/> Sign Duplicate Certificate(s)
Signature X	Title		
Print Name	<input type="checkbox"/> Request MV-278 Books	<input type="checkbox"/> Teach the Pre-Licensing Course	<input type="checkbox"/> Sign Duplicate Certificate(s)
Signature X	Title		
Print Name	<input type="checkbox"/> Request MV-278 Books	<input type="checkbox"/> Teach the Pre-Licensing Course	<input type="checkbox"/> Sign Duplicate Certificate(s)
Signature X	Title		

 (Print Name)

X _____
 (Signature of Authorized Official)

 (Title)

 (Date)

Send completed form to: NYS Department of Motor Vehicles
 Bureau of Driver Training Programs, Certification & Oversight
 6 Empire State Plaza, Room 327
 Albany NY 12228

FOR OFFICE USE	
Request approved by _____	
Office _____	Date _____