



All classrooms that are used for the Prelicensing Course must be approved by the Department of Motor Vehicles. As stipulated in Part 7 (see form CR-7) and Part 76 (see form CR-76) of the Commissioner’s Regulations, no Prelicensing Course may be conducted unless the classroom has been approved and a qualified instructor is present. To request classroom approval, you must complete page 1 of this form for each classroom location and send it to the department to arrange for a premises check (for each location). Part 7 and Part 76 of the Commissioner’s Regulations establish requirements for the Prelicensing Course. The classroom requirements are found specifically in Sections 7.6 and 76.2(f). Complete ONLY page 1 of this form and mail it to the address at the bottom of this page.

CLASSROOM AND EQUIPMENT REQUIREMENTS

Classroom facilities must:

- be 150 square feet or larger. Smaller classrooms will not be approved.
• be clean, comfortable (conducive to learning), and easily accessible to students with disabilities.
• provide adequate seating for each student. Classroom space must allow 15 square feet for each student. Capacity will be calculated on the basis of 150 square feet for the first ten or fewer students, and 15 square feet for each additional student, with no more than 36 students in any class.
• have adequate heating and ventilation.
• have adequate lighting.
• have shades or the ability to darken the room when audiovisual equipment is being used.
• have rest room facilities easily accessible to students.
• be free from any visible and audible distractions.
• include the following equipment:
- chalkboard or flipchart(s): minimum size for a ten-student classroom is 2 feet x 3 feet; a larger board or chart may be required for a larger capacity room. All students must be able to see the board or chart without difficulty.
- audiovisual equipment: must be suitable for presenting materials appropriate to the Prelicensing Course.

INSTRUCTIONS: Write in this section only. Do not write on the back of this form. After you have completed this section, mail this form to the address below.
School/Organization
Owner
Main Office Address (Number and Street)
(City) (State) (Zip Code)
Telephone Number School License Number
Classroom Address (if different from above) (Number and Street)

Mail to: NYS Department of Motor Vehicles
Bureau of Driver Training Programs
6 Empire State Plaza, Room 221
Albany NY 12228

PREMISES CHECK REPORT

NOTE: This page to be completed only by DMV Personnel!

School or Organization _____

Classroom Address _____
(Include Building Name & Room Number)

(City)

(State)

(Zip Code)

INSPECTOR'S CHECK LIST:

A. CLASSROOM

Does the classroom adequately comply with the following criteria?

	Yes	No		Yes	No
1. Accessible	<input type="checkbox"/>	<input type="checkbox"/>	6. Well-lit	<input type="checkbox"/>	<input type="checkbox"/>
2. Minimum size - 150 square feet.	<input type="checkbox"/>	<input type="checkbox"/>	7. Good line of vision from all seats	<input type="checkbox"/>	<input type="checkbox"/>
3. Clean	<input type="checkbox"/>	<input type="checkbox"/>	8. No visual or audible distractions	<input type="checkbox"/>	<input type="checkbox"/>
4. Accessible Toilet Facilities.	<input type="checkbox"/>	<input type="checkbox"/>	9. Room can be darkened for best viewing of visual aids.	<input type="checkbox"/>	<input type="checkbox"/>
5. Well-heated/ventilated	<input type="checkbox"/>	<input type="checkbox"/>			

B. EQUIPMENT

	Yes	No
1. <input type="checkbox"/> Chalkboard or <input type="checkbox"/> Flipcharts	<input type="checkbox"/>	<input type="checkbox"/>
2. TV/VCR.	<input type="checkbox"/>	<input type="checkbox"/>
3. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

C. Classroom Size (sq. ft.) _____ Number of Students Permitted in Classroom _____
(allow 15 sq. ft. for each student with a maximum of 36 students)

D. Number of Pre-licensing Courses offered weekly: _____

E. Projected 2-month supply of MV-278 books: _____
(Multiply number of classes per week by maximum number of students per class. Multiply this number by 8 and divide total by 50)

F. Remarks: _____

INITIAL INSPECTION

Person Interviewed (<i>Name and Title</i>) _____
Examiner's Signature _____ Shield Number _____ Date _____

FOLLOW-UP INSPECTION

Person Interviewed (<i>Name and Title</i>) _____
Examiner's Signature _____ Shield Number _____ Date _____

NOTE: If premises are disapproved, school owner must reapply when ready for another inspection.

RECOMMENDATION: APPROVED DISAPPROVED

P.M.V.L.E.'s Signature _____ Date _____