



The name you propose for your driving school must be approved by our office before you file your Driving School License Application, form MV-521. Provide as many as three names that are acceptable to you and that you would like considered for your business name. Your choices will be reviewed for approval, in order of preference, as follows:

CHOICE 1. _____

CHOICE 2. _____

CHOICE 3. _____

Owner's Name & Address:

Phone: () _____ Fax: () _____

Email: _____ Date: / /

Return the completed form using one of the following methods:

By Mail: NYS Department of Motor Vehicles
Bureau of Driver Training Programs
Certification and Oversight Unit
6 Empire State Plaza, Room 327
Albany, NY 12228

By Fax: (518) 473-0160

By Email: Driving.School@dmv.ny.gov

If you have any questions, you may contact the Bureau of Driver Training Programs by email Driving.School@dmv.ny.gov or by phone at (518) 473-7174.

