



DMV USE ONLY

Table with columns for APPLICATION and LICENSE, containing fields for No., Date Received, Fee Amount, Expiration Date, and Fee Amount.

PART 1 School Information:

- READ VEHICLE AND TRAFFIC LAW SECTION 394 AND DMV COMMISSIONER'S REGULATIONS PART 76 BEFORE FILLING IN THIS FORM.
• Print clearly or type.

Name of Driving School Business Phone No. (Area Code) Fax Number (Area Code)

Address of Main Office

Address of Branch Office Business Phone No. (Area Code) Fax Number (Area Code)

Contact Information - What is the name, phone number and email address of the individual we should send information to? If the school has a website, please provide the website address. You must submit a Personal History (form MV-521.1) for this individual.

Last Name First Title

E-mail Address Driving School Website Address Home Phone No. (Area Code) Fax Number (Area Code)

Please check the appropriate box below. See also "Additional Information" starting on page 6. Application Fee Schedule. All fees are payable to "The Commissioner of Motor Vehicles".

* If your application for an original license or change of ownership is approved, you must pay a license fee of not more than \$100 for a two-year license. If your application for a branch license is approved, the fee is \$1.50 per year. The fees are payable to "Commissioner of Motor Vehicles", in the form of a check ("starter checks" cannot be accepted) or money order.

PART 2 Check type of ownership (one ownership type per application) and include paperwork described below:

- Individual with assumed name [sole proprietor or "doing business as" (DBA) name]
Partnership with assumed name ["doing business as" (DBA) name]
Corporation (Inc., Corp., Ltd.)
Corporation with assumed name ["doing business as" (DBA) name]
Limited Liability Company (LLC)

If you need assistance, call the Bureau of Driver Training Programs at 518-473-7174. Forms are available at dmV.ny.gov/driver-training/requirements-and-forms-driving-schools-and-instructors

NAME OF DRIVING SCHOOL:**PART 3****PLACE OF BUSINESS: DO YOU**

-
- Own (complete Section A)
-
-
- Lease (complete Sections A and B)
-
-
- Sublease (complete Sections A, B and C)

Print name and location of business, and business e-mail address, below:

Business Name			Business E-mail Address		
Business Street Address (physical location)				Business Phone No. (Area Code) ()	
City	State	ZIP	County		

A. All applicants must complete this section.

Name of Property Owner/Landlord			Phone No. (Area Code) ()		
Owner Mailing Address (Include Number and Street)					
City		State	ZIP		
Number of Years or Months Owned?	Is this property zoned for the business type(s) you are applying for? <input type="checkbox"/> YES <input type="checkbox"/> NO				
PLEASE NOTE: Whether you own or are leasing your business property, it is your responsibility to be in compliance with all state and local laws and regulations, while being considered for a license and while conducting your business. You must provide a copy of the Certificate of Occupancy for all business locations. If you do not provide this information with your application, the application will be <u>denied</u> .					

B. If you are leasing, complete this section.

Print the Name the Lease is in (Lessee Name)				Phone No. (Area Code) ()	
Business Address	City	State	ZIP	Expiration Date / /	

C. If you are subleasing, complete this section and attach written approval from the landlord.

Print the Name the Sublease is in (Sublessee Name)				Phone No. (Area Code) ()	
Business Address	City	State	ZIP	Expiration Date / /	

PART 4 Ownership information (complete the section that applies):

A. INDIVIDUAL OWNERSHIP: If owner is an out-of-state resident, attach government issued ID or recent official copy of driver record.			FEIN (Federal Employer Identification Number)		
Last Name	First	MI	Date of Birth (Month/Day/Year)		
Residence Address (Include Number and Street)	City	State	ZIP	Residence Phone No. (Area Code) ()	
Please Sign Name In Full X	Driver Identification Number		Social Security Number		

B. PARTNERSHIP: Complete one section for each partner; if more than three, attach additional pages. If partner is an out-of-state resident, attach government issued ID or recent official copy of driver record.

1. Last Name	First	MI	Date of Birth (Month/Day/Year)		
Residence Address (Include Number and Street)	City	State	ZIP	Residence Phone No. (Area Code) ()	
Please Sign Name In Full X	Driver Identification Number		Social Security Number		
2. Last Name	First	MI	Date of Birth (Month/Day/Year)		
Residence Address (Include Number and Street)	City	State	ZIP	Residence Phone No. (Area Code) ()	
Please Sign Name In Full X	Driver Identification Number		Social Security Number		
3. Last Name	First	MI	Date of Birth (Month/Day/Year)		
Residence Address (Include Number and Street)	City	State	ZIP	Residence Phone No. (Area Code) ()	
Please Sign Name In Full X	Driver Identification Number		Social Security Number		

NAME OF DRIVING SCHOOL: _____

C. CORPORATION or LIMITED LIABILITY COMPANY: For Inc., Corp., LLC, or Ltd., list corporate officers (**President, Secretary and Treasurer are required**). List stockholders and percentage of stock. For LLC, list all managing members. Attach additional pages if needed. Attach a copy of each listed person's driver license. (If any listed person is an out-of-state resident, attach copy of government issued ID or recent official copy of driver record.)

1. Last Name		First	MI	Date of Birth (Month/Day/Year)
Title			Percentage of Stock	
Residence Address (Include Number and Street)		City	State ZIP	Residence Phone No. (Area Code) ()
Please Sign Name In Full X		Driver Identification Number		Social Security Number
2. Last Name		First	MI	Date of Birth (Month/Day/Year)
Title			Percentage of Stock	
Residence Address (Include Number and Street)		City	State ZIP	Residence Phone No. (Area Code) ()
Please Sign Name In Full X		Driver Identification Number		Social Security Number
3. Last Name		First	MI	Date of Birth (Month/Day/Year)
Title			Percentage of Stock	
Residence Address (Include Number and Street)		City	State ZIP	Residence Phone No. (Area Code) ()
Please Sign Name In Full X		Driver Identification Number		Social Security Number

D. Qualified Instructor – To be licensed, a driving school must employ at least one instructor who has a currently valid Driving School Instructor Certificate (form MV-524) and at least 1,000 hours of behind-the-wheel instruction. In the space below, provide the information pertaining to this instructor; also attach proof of the 1,000 hours of instruction.

Last Name		First	MI	Instructor's Certificate Number
Residence Address (Include Number and Street)		City	State ZIP	Total No. of Hours Teaching In-Car Instruction

E. Power of Attorney - Give the following information about all persons who have power of attorney for your driving school. Please include a copy of the Power of Attorney form with your application. If additional space is needed, attach additional page(s).

Last Name		First	MI	
Residence Address (Include Number and Street)		City	State ZIP	Title

F. Questions

CHECK ONE

- If you answer "Yes" to any question(s), please provide explanation and detail on page 4 or attach additional pages. YES NO
1. Have any of the owners, partners, corporate officers, managing members, managers or major stockholders ever operated a driving school?
 2. Have any of the owners, partners, corporate officers, managing members, managers or major stockholders ever been convicted of a felony or crime involving violence, dishonesty, deceit, indecency, degeneracy or moral turpitude?....
 3. Will you be offering the Prelicensing Course? If "Yes," complete an Authorized Signature List (form MV-278.6) and Request for Classroom Premises Check for Prelicensing Course (form MV-279)
 4. Will your school offer Private Service Bureau services? If "YES", attach a draft copy of your PSB receipt showing all services and prices.
 5. Does or will your school offer a Point Insurance Reduction Program (PIRP)?
If "yes", list the sponsor's name and attach a list of all classroom locations used for PIRP classes:
 6. What type(s) of vehicle(s) will you use for instruction? Auto Bus Motorcycle Tractor-Trailer Truck

G. Services Offered - Attach a list of services you will provide and the prices for these services. You must include the fee and duration of each lesson.

NAME OF DRIVING SCHOOL: _____

PART 5 Tell us about your business and associates:

A. Have you or any person named in this application ever had a financial interest in a DMV-regulated business that had its license, registration or certification denied, suspended or revoked in New York State? This includes an interest as owner, partner, corporate officer, managing member or stockholder holding more than twenty percent of the stock, and includes matters now on appeal.
 NO YES

If **"YES"**: Specify name and address of the person(s), business type, date and action taken against the business.

B. Are you, or is anyone named in this application, scheduled for a hearing that may result in the suspension, revocation or denial of a DMV-issued business license or approval for a DMV-approved course (such as PIRP, Motorcycle Safety Program Beginner Rider Course, PSB, etc.)? NO YES

If **"YES"**: Specify name and address of the person(s), business type, date and reason for hearing.

C. Have you or any person named in this application been convicted of, or forfeited bail for, any misdemeanor or felony at any time? NO YES

If **"YES"**: Name _____ Date of Birth _____

Conviction Date _____ Penalty _____ Court _____

Attach copy of Certificate of Conviction, and explain nature of offense (*Further explanation may be attached.*)

D. Does anyone else have a financial interest in your business that is not disclosed on this application? No Yes

If **"YES"**: Name _____

E. Do you have any employees? YES NO

If **"YES"**: provide your Federal Employer Identification Number _____, and attach a copy of proof of Worker's Compensation (form C-105.2 or U-26.3) and Disability Benefits Insurance (form DB-120.1) coverage from the NYS Insurance Fund: **www.nysif.com or (212) 312-9000**

If **"NO"**: you can submit either proof of **worker's compensation** and **disability benefits** (as above) or a Certification of Attestation of Exemption (*form CE-200*) available at www.labor.ny.gov/home

PART 6 Attach additional pages if necessary

Additional Information (*please identify the section name and/or question number related to the additional information you are providing*).

NAME OF DRIVING SCHOOL: _____

PART 7 Certification (all applicants must complete this section):

As a condition for the issuance and the continued validity of a driving school license, the individuals signing this application agree to the following conditions:

- ◆ **to comply with all of the provisions of the New York State Vehicle and Traffic Law and the Commissioner’s Rules and Regulations relating to driving schools and Private Service Bureaus.**
- ◆ **to comply with all state laws and regulations, and all municipal ordinances and regulations relating to public health and public safety for the school and business facility.**
- ◆ **to employ (or otherwise make use of) only instructors who have been properly certified by the State of New York to instruct at the applicant’s school.**

The person(s) signing this application states that he or she is an owner, partner, officer, or managing member of the business named on this application, and that all information provided in this application is true. To knowingly make a false statement in this application is a misdemeanor punishable under Section 210.45 of the Penal code, and may result in the revocation of your driving school license. **Making a false statement in this application or in any proof or statements in writing in connection with it, or deceiving or substituting in connection with this application is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of your driving school license.**

Signature of Owner or Corporate Officer or Managing Member X	Title	Date
Signature of Owner or Corporate Officer or Managing Member X	Title	Date
Signature of Owner or Corporate Officer or Managing Member X	Title	Date
Signature of Owner or Corporate Officer or Managing Member X	Title	Date
Signature of Owner or Corporate Officer or Managing Member X	Title	Date
Signature of Owner or Corporate Officer or Managing Member X	Title	Date

Application Prepared by

_____	_____	_____	_____
Print Name	Signature	Title	Date

NOTE: If you are applying for a license to open a driving school or a branch office, or to change your ownership or address, this application package is the first part of a two-part process. After your application and supporting documents are received and accepted (see page 2 of form MV-299.2), a Motor Vehicles License Examiner will visit your driving school/branch premises to conduct an inspection.

You must meet all requirements to be approved.

- **Have you completed ALL SECTIONS that apply to your business?**
- **Have you signed the application?**
- **Have you included your check (NO STARTER CHECKS) or money order for the application fees, made payable to “Commissioner of Motor Vehicles”?**

Send this form and all papers required to complete your application package to:

NYS Department of Motor Vehicles
 Bureau of Driver Training Programs
 Certification & Oversight Unit
 6 Empire State Plaza, Room 327
 Albany NY 12228
 (518) 473-7174

ADDITIONAL INFORMATION:

PART 1 School Information

Non-refundable application fee: Only applications for an ORIGINAL or CHANGE OF OWNERSHIP require an application fee. The fee is fifty dollars (\$50) and must be paid in the form of a check (no starter checks can be accepted) or money order, made payable to "Commissioner of Motor Vehicles."

PART 4 Ownership information

Tell us your business structure (how you set up the business to operate your drivers' school). The documentation you include with your application will depend on your business structure. See the list below for the documentation you must include with your application:

- Sole Proprietor:** Certified copy of the Business Certificate by the County Clerk's Office
- Partnership:** Certified copy of the Business Certificate for Partners by the County Clerk's Office
- Corporation:**
 - Certified copy of the Certificate of Incorporation Filing Receipt (issued by Department of State)
 - If the corporation is a dba with another name, then the applicant must also submit the certificate of assumed name (issued by Department of State).
 - Minutes of the corporation meeting that identify:
 - When the meeting was held
 - Who was in attendance
 - Minutes must be signed by all officials of the corporation and
 - Minutes must be notarized OR have a corporate seal
 - The purpose of the formation of the corporation (to conduct the business of the driver's school in accordance with VTL 394)
 - Location of the place of business
 - Corporate officers (CEO, President, VP, Secretary, Treasurer, Corporate Officers)
 - Distribution of shares (including total number of shares) of the corporation and to whom they are distributed. NOTE: All shares do not have to be distributed, but at least one officer must own a minimum of 20% of the total shares distributed.
 - Person who is responsible for the operation must have at least 20% of the shares
 - NOTE: The filing receipt identifies the number of shares.
- L.L.C. (Limited Liability Company):**
 - Certified copy of the Certificate of Incorporation (issued by Department of State)
 - Minutes of the company meeting that identify:
 - When the meeting was held
 - Who was in attendance (i.e. the members)
 - Minutes must be signed by all members of the company and
 - Minutes must be notarized OR have corporate seal
 - The purpose of the formation of the company to conduct the business of the driver's school in accordance with VTL 394
 - Location of the place of business
 - Members of the L.L.C., and their respective titles

PART 5 Tell us about your business and associates

Employee Benefits Coverage: You must show proof that you have either:

- Worker's Compensation (form C-105.2 or U-26.3) and Disability Benefits Insurance (form DB-120.1) OR
- Certificate of Attestation of Exemption from NYS Work's Compensation and/or Disability Benefits Coverage (form CE-200), found at www.labor.ny.gov/home

Personal History (form MV-521.1): You must provide this for all staff except instructors.

Required Instructor Verification: You must have at least one certified instructor.

- Form MV-523 Application for Driving School Instructor Certificate (and all supporting documents and fees).
- At least one instructor must have a minimum of 1,000 hours "behind-the-wheel" teaching experience. A notarized statement is required to verify this experience. If a notarized statement is not available, we'll review any personal statement with supporting documentation.

Proof of location for business: Your driving school must have a physical office (which DMV will inspect before a license is issued). As part of the application, you must include proof of your office location by including a copy of a deed or lease or sublease. You must also include a copy of the certificate of occupancy.

NOTE: if this is a sub-lease, you must submit a copy of the rental lease issued to the tenant and a written statement from the landlord, which acknowledges the approval of the presence of a driving school at the location.

General Information

Required Driving School Records. A driving school is required to keep records of business and customers. With your application you must submit a draft copy of:

- Student Record Card
- Business Receipt and/or
- Contract(s) the school will use - optional
- Private Service Bureau (PSB) receipt if the business intends to operate a PSB - optional

List of Driving School Vehicles (form MV-527). All vehicles used for training or road testing must be reported. Even if the school has no vehicles, the MV-527 is required and must indicate "no vehicles."

Prelicensing Course (optional): A driving school which provides the DMV Prelicensing Course must have an approved classroom and qualified "classroom-endorsed" instructor.

- Include Premises Check (form MV-279) and
- Proof of Location of classroom (if at a different location), consisting of a deed or lease or sublease *NOTE: if this is a sub-lease, you must submit a copy of the rental lease issued to the tenant and a written statement from the landlord, which acknowledges the approval of the presence of a driving school at the location.*
- Authorized Signature List (form MV-278.6)

Application for Access to DMV Internet Road Test Scheduling System (form MV-522.1) (optional). All driver license testing with DMV is scheduled using an automated scheduling system. Driving schools can apply for an account that allows them to schedule appointments for their customers.