

Instructions: Print in blue or black ink. Each owner, partner, corporate officer, manager, agent, employee (other than instructor), and major stockholder (20% or more) listed on any application for the original license or for a branch license, or who has become newly associated with the business in any of its capacities, **MUST** fill out a Personal History form.

Return this form to: Department of Motor Vehicles
 Driver Training Programs
 6 Empire State Plaza Room 327
 Albany, NY 12228

Last Name	First	M.I.	Title	Social Security Number	
Home Mailing Address (Street & Number)			City	State	Zip Code Apt. #
			Home Phone Number ()		
Driver License I.D. Number	License Expiration Date (Month/Day/Year) / /	Place of Birth	Date of Birth (Month/Day/Year) / /		
Name of Business				Business Phone Number ()	
Address of Business (Street & Number)			City	State	Zip Code

Note: Section 5 of the NYS Tax Law requires the Department of Motor Vehicles to provide Social Security numbers to the NYS Department of Taxation and Finance upon request.

LIST EMPLOYMENT EXPERIENCE FOR LAST 5 YEARS. List the most recent first. (Attach additional sheets, if necessary.)

Name and Address of Business		
Job Description/Title	Dates Employed (month/year) From To	Reason for Leaving
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Name and Address of Business		

ANSWER ALL QUESTIONS

For every question answered "yes", you must provide a complete explanation on page 2 of this form.

CHECK ONE

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever been known by any name other than the one shown on this personal history form? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of perjury or of making any false statements relating to any part of the New York State Vehicle and Traffic Law? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you now involved with any charges or court proceedings relating to the matter stated in question 2? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of any traffic violations (not parking violations)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has your driver license ever been denied, cancelled, suspended or revoked in New York or any state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. a. Have you been affiliated with, or employed by, any other driving school(s)? | <input type="checkbox"/> | <input type="checkbox"/> |

b. If "yes", list the name(s) of the schools:

Social Security #: _____

**THIS FORM SHOULD BE SENT TO THE DEPARTMENT OF MOTOR VEHICLES
WITH THE APPLICATION PACKAGE.**

CHECK ONE

Yes No

- 7. Have you ever had a Driving School License or Instructor's Certificate denied, cancelled, suspended or revoked?
- 8. Within the past 12 months, have you been paid for giving driver training instruction?
- 9. Within the past 12 months, have you been an instructor for a Point Insurance Reduction Program?
- 10. Have you ever been an officer, director, employee, stockholder, partner or owner in a corporation, or a partner in a business, which has had a driving school license revoked or suspended by the Department of Motor Vehicles?

Use this space to explain any questions answered "Yes". Please include the number of the question you are explaining. Attach additional pages, if necessary and print your name on each attached page.

*ATTACH
PHOTO*

Photograph must have been taken within past 30 days and should be 1 7/8" wide by 2" long, and must be a true likeness showing only the shoulders, neck and uncovered head.

To knowingly make a false statement or to conceal a material fact on this form is a criminal offense, and may result in the revocation of your Driving School License and/or Instructor Certificate.

I affirm under penalty of perjury that I have read this form and know the contents, and that all answers and statements are true. False statements are punishable under Section 210.45 of the Penal Code.

Name (Please print) **X** _____

Applicant's Signature **X** _____ Date _____

Sworn to before me this _____ Day of _____ in the Year of _____.

Notary Public Number and Signature

If there is any change regarding any information on this form, it must be reported in writing within 10 days to:

Department of Motor Vehicles
Driver Training Programs
6 Empire State Plaza Room 327
Albany, NY 12228