

**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:

- Please Check One:**  **DRIVING SCHOOL**  
 Department of Motor Vehicles, Bureau of Driver Training Programs, 6 Empire State Plaza, Room 327, Albany NY 12228.
- OR**  **PRIVATE SERVICE BUREAU UNIT**  
 Private Service Bureau Unit, Registration Services, 6 Empire State Plaza, Room 322P, Albany, NY 12228

Last Name	First	M.I.	Title	Social Security Number
Home Mailing Address (Street & Number)				Home Phone Number
		City	State	Zip Code
			Apt. #	( )
Driver License I.D. Number	License Expiration Date (Month/Day/Year)	Place of Birth	Date of Birth (Month/Day/Year)	<input type="checkbox"/> Male <input type="checkbox"/> Female
		/ /	/ /	
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)	Reason for Leaving
		From To	
Name and Address of Business	Job Description/Title	Dates Employed (month/year)	Reason for Leaving
		From To	
Name and Address of Business	Job Description/Title	Dates Employed (month/year)	Reason for Leaving
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		From To	
Name and Address of Business	Job Description/Title	Dates Employed (month/year)	Reason for Leaving
		From To	

**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) or Private Service Bureaus? . . . . .                                     | <input type="checkbox"/> | <input type="checkbox"/> |

b. If "yes", list the name(s) of the schools or Private Service Bureaus:

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 Private Service Bureau License, Driving School License, or Instructor's Certificate denied, cancelled, suspended or revoked? .....  Yes  No
- 8. Within the past 12 months, have you been paid for giving driver training instruction? .....  Yes  No
- 9. Within the past 12 months, have you been an instructor for a Point Insurance Reduction Program? .....  Yes  No
- 10. Within the past 12 months, have you been employed by a Private Service Bureau? .....  Yes  No
- 11. 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, or Private Service Bureau license revoked or suspended by the Department of Motor Vehicles? .....  Yes  No

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 Private Service Bureau 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 ten days to the**

**Driving school at:**

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

**Private Service Bureau Unit at:**

*Private Service Bureau Unit, Registration Services, 6 Empire State Plaza, Room 322P, Albany, NY 12228.*