



Please complete the following:

Driving School Name		Driving School License #	
Address	City	State	Zip Code
Phone Number ()	E-Mail Address (Your e-mail address is required . It can be a maximum of 50 characters)		
Primary User(s):			
Additional User(s):		Additional User(s):	
Password (Your password should be 6 to 8 characters and may be changed if necessary)			

Please note: Only driving school owner(s), corporate officer(s) or employee(s) registered with the department may be authorized to use this system. To register employees, a completed Personal History (form MV-521.1) must be submitted to the Bureau of Driver Training Programs, Certification & Oversight Unit.

AGREEMENT

I will only schedule or change road test appointments for customers who give me authorization to do so on their behalf.

I understand that access to the DMV Internet Road Test Scheduling System is a privilege that may be suspended or revoked by the DMV for any inappropriate use of the system or for any violation of the Commissioner's Regulations deemed serious by the Department of Motor Vehicles.

(Print name of Owner/Authorized Official of Driving School)

X _____
(Signature of Owner/Authorized Official of Driving School)

(Date)

Send this completed form to:

NYS Department of Motor Vehicles
Bureau of Driver Training Programs
Certification & Oversight Unit
6 Empire State Plaza, Room 327
Albany, New York 12228