



Please complete the following:

Driving School Name (exactly as it appears on the current license)		Driving School License #	
Address	City	State	Zip Code
Phone Number ()	Email Address (Your e-mail address is required . It can be a maximum of 50 characters)		
Primary Contact Person			

Please note: Driving School owners are solely responsible for all use of their account.

AGREEMENT

Driving Schools and their employees agree to only schedule or change road test appointments for customers who give the school authorization to do so on their behalf.

I understand that access to the DMV Internet Road Test 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 considered 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