



Driving School Offering Course: _____

Address of Classroom: _____

Number of Students Enrolled: _____ [] AMENDED ON: _____ (Date)

Table with 6 columns: Date, Session, Hour(s), Location, Instructor, Driver License #. Title: COURSE SCHEDULE

I certify that all information and other matters contained herein are true in substance and in fact. Part 76.23(a)(5) of Commissioner's Regulations authorizes the Department of Motor Vehicles to suspend or revoke a driving school license for "the failure of the licensee or any partner, officer, agent or employee of the licensee to conduct the prescribed tests for instructor applicants in the manner authorized by this department and/or the failure of the licensee or any partner, officer, agent or employee of the licensee to conduct the 30-hour course to instructor applicants according to the curriculum supplied by this department and/or for the number of hours required by this department and this Part."

Print Name of Owner or Authorized Official and Title

[Signature] Date

This form must be submitted to DMV 30 days prior to the start date of the course. Return to:

New York State Department of Motor Vehicles
Bureau of Driver Training Programs
6 Empire State Plaza, Room 327
Albany NY 12228
Fax: (518) 473-0160
Email: Driving.School@dmv.ny.gov

