



## Virginia Driver Training TWO-YEAR SCHOOL LICENSE APPLICATION (Class B - Passenger Vehicles)

**Purpose:** Use this form to apply for or renew a driver training school license to train applicants to operate non-commercial motor vehicles.

**Instructions:** Return this completed application with all additional required documents to the DMV Driver Training Work Center at PO Box 27412, Richmond, VA 23269-0001. All submitted application packages that include a prior version of the application, incomplete applications, or have missing required documents will be returned.

### APPLICATION INFORMATION

|  |  |  |
|--|--|--|
| APPLICATION TYPE:<br><input type="checkbox"/> ORIGINAL FIRST-TIME APPLICATION <input type="checkbox"/> RENEWAL | TYPE OF OWNERSHIP:<br><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS ENTITY | TWO-YEAR LICENSE FEE(S):<br><input type="checkbox"/> \$200 IN-PERSON <input type="checkbox"/> \$200 ONLINE (if applicable) |
|--|--|--|

### SCHOOL OPERATIONS INFORMATION

|  |  |      |      |                                     |  |                            |  |
|--|--|------|------|-------------------------------------|--|----------------------------|--|
| FULL NAME OF CLASS A DRIVER TRAINING SCHOOL (as shown on business license) |  |      |      | SCHOOL LICENSE NUMBER (if renewing) |  |                            |  |
|  |  | -    |      |                                     |  |                            |  |
| BUSINESS ADDRESS   |  | CITY |      | STATE                               |  | ZIP CODE                   |  |
| MAILING ADDRESS <input type="checkbox"/> CHECK IF SAME AS BUSINESS ADDRESS |  | CITY |      | STATE                               |  | ZIP CODE                   |  |
| SCHOOL EMAIL ADDRESS   |  |      | FEIN | SCHOOL TELEPHONE NUMBER             |  | FAX NUMBER (if applicable) |  |
| WEBSITE ADDRESS (required for online licensure)                            |  |      |      |                                     | DISPLAY ON DMV WEBSITE (check one)<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                            |  |

Instruction Provided (check all that apply)

|   |  |
|---|--|
| <b>CLASSROOM TRAINING</b><br><input type="checkbox"/> JUVENILE (under age 19)<br><input type="checkbox"/> ADULT (age 19 and older)<br><input type="checkbox"/> NOT OFFERED<br><br><b>BEHIND THE WHEEL TRAINING</b><br><input type="checkbox"/> JUVENILE (under age 19)<br><input type="checkbox"/> ADULT (age 19 and older)<br><input type="checkbox"/> NOT OFFERED | <b>ADDITIONAL COURSE TYPES</b><br><input type="checkbox"/> ONLINE CLASSROOM (requires online licensing)<br><input type="checkbox"/> DRIVER MANUAL IN-PERSON<br><input type="checkbox"/> DRIVER MANUAL ONLINE (requires licensing)<br><input type="checkbox"/> RE-EXAMINATION COURSE (under age 19 following 3-time test failure)<br><input type="checkbox"/> ADULT WAIVER<br><br><b>ADDITIONAL INSTRUCTION TYPES</b><br><input type="checkbox"/> SPANISH |
|---|--|

### OWNER INFORMATION

|  |  |      |                     |
|--|--|------|---------------------|
| BUSINESS ENTITY / INDIVIDUAL OWNER FULL NAME (pirmt) (last, first, mi, suffix) |  |      | DMV CUSTOMER NUMBER |
| HOME / BUSINESS ADDRESS  |  | CITY | STATE    ZIP CODE   |
| EMAIL ADDRESS  |  |      | TELEPHONE NUMBER    |

### REPRESENTATIVE INFORMATION

|                     |                          |                  |
|---------------------|--------------------------|------------------|
| REPRESENTATIVE NAME | REPRESENTATIVE JOB TITLE | TELEPHONE NUMBER |
| REPRESENTATIVE NAME | REPRESENTATIVE JOB TITLE | TELEPHONE NUMBER |

### HOURS OF OPERATION

|                        | MONDAY   | TUESDAY  | WEDNESDAY | THURSDAY | FRIDAY   | SATURDAY | SUNDAY   |
|------------------------|----------|----------|-----------|----------|----------|----------|----------|
| <b>BUSINESS HOURS</b>  | AM -- PM | AM -- PM | AM -- PM  | AM -- PM | AM -- PM | AM -- PM | AM -- PM |
| <b>CLASSROOM HOURS</b> | AM -- PM | AM -- PM | AM -- PM  | AM -- PM | AM -- PM | AM -- PM | AM -- PM |

### DMV USE ONLY

|           |   |
|-----------|---|
| DMV STAMP | VERIFICATION OF:<br><input type="checkbox"/> COMPLETE APPLICATION INCLUDING SIGNATURES <input type="checkbox"/> BUSINESS LICENSE (each location)<br><input type="checkbox"/> \$200.00 IN-PERSON FEE PAID <input type="checkbox"/> LEASE AGREEMENT (each location)<br><input type="checkbox"/> \$200.00 ONLINE FEE PAID (if applicable) <input type="checkbox"/> SURETY BOND<br><input type="checkbox"/> AT LEAST ONE INSTRUCTOR APPLICATION (DTS 34A) <input type="checkbox"/> STUDENT CONTRACT / AGREEMENT<br><input type="checkbox"/> \$100.00 FEE FOR EACH INSTRUCTOR <input type="checkbox"/> DTS 005 (if offering behind the wheel)<br><input type="checkbox"/> NATIONAL CRIMINAL BACKGROUND CHECK (each owner and instructor) |
|-----------|---|

**CURRICULUM VENDOR INFORMATION**

|  |                              |
|--|------------------------------|
| ONLINE CLASSROOM CURRICULUM VENDOR ( <input type="checkbox"/> Not offered )        | EXPIRATION DATE (mm/dd/yyyy) |
| ONLINE DRIVER MANUAL CURRICULUM VENDOR ( <input type="checkbox"/> Not offered )    | EXPIRATION DATE (mm/dd/yyyy) |
| IN-PERSON DRIVER MANUAL CURRICULUM VENDOR ( <input type="checkbox"/> Not offered ) | EXPIRATION DATE (mm/dd/yyyy) |

**TRAINING SITE LOCATION(S)**

ATTACH THE FOLLOWING FOR EACH ADDITIONAL LOCATION:

- Copy of contract or agreement with expiration date authorizing the use of the facility to conduct business.
- Business license (or letter from locality stating not required)

| FACILITY ADDRESS | (check applicable box)   |
|------------------|--|
|                  | <input type="checkbox"/> EXISTING <input type="checkbox"/> NEW |
|                  | <input type="checkbox"/> EXISTING <input type="checkbox"/> NEW |
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**CERTIFICATION (All applicants must complete and sign this section.)**

I/we certify and that all information presented in this application is true and correct, and that any documents presented to DMV are genuine.  
 I/we understand that I/we must submit a National Criminal Records Check within 60 days of the submission of this application.  
 I/we understand that I/we are subject to current statutes and regulations pertaining to the operation of a driver training school and are subject to audits by DMV.  
 I/we certify that I/we will use the curriculum approved by the Department of Motor Vehicle. I/we make this certification and affirmation under penalty of perjury, and I/ we understand that knowingly making a false statement or representation on this form is a criminal violation.

|                    |                 |                   |
|--------------------|-----------------|-------------------|
| OWNER NAME (print) | OWNER SIGNATURE | DATE (mm/dd/yyyy) |
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