# APPLICATION FOR DRIVING SCHOOL LICENSE

R-94 REV. 2-2013

#### STATE OF CONNECTICUT **DEPARTMENT OF MOTOR VEHICLES** *DRIVER EDUCATION UNIT* 60 STATE STREET, WETHERSFIELD, CT 06161

1. ORIGINAL APPLICATION				DMV USE ONLY			
<b>2. RENEWAL APPLICATION</b> MAIN LOCATION / ADDITIONAL LOCATION <i>Circle One</i>			APPROVED BY				
3. BRANCH OFFICE APPLICATION					DATE		
NAME OF SCH	IOOL			TELEPHONE NU	MBER TA	AX I.D. NUMBER	
ADDRESS OF	SCHOOL						
NAME AND AD	DDRESS OF BRANCH OFFICE(	(S) OR CLASSROOM(S)					
NAME OF OW	NER(S)						
ADDRESS OF	OWNER(S)						
NAME OF OW	NER(S)						
ADDRESS OF	OWNER(S)						
NAME OF OW	NER(S)						
ADDRESS OF	OWNER(S)						
			INSURANCE INFORMATION				
RESPONSIBIL	ATE OF FINANCIAL ITY ON FILE WITH THE OF MOTOR VEHICLES?		NAME OF INSURANCE COMPANY				
			LIMITS OF LIABILITY				
PO			BODILY INJURY		PROPERTY DAMAGE		
F	ach Accident	\$	Person Each Accid	lont	\$	ach Accident	
			nd which will be used for school:	on	LC		
YEAR	MAKE OF VEHICLE	BODY TYPE		UMBER		REGISTRATION PLATE NUMBER	

NOTE: Any change in the above information during the license period must be reported. ANY ADDITIONAL INFORMATION FOR ANY OF THE ABOVE SHOULD BE SUBMITTED ON A SEPARATE PAPER AND ATTACHED. (OVER)

# LIST OF DRIVER INSTRUCTORS

## Please list below the name and address of the Licensed Driving Instructors who will be employed by you.

NAME	ADDRESS	INSTRUCTOR'S LICENSE NO.

### CHANGES IN PERSONNEL DURING YEAR MUST BE REPORTED TO THE DEPARTMENT OF MOTOR VEHICLES.

#### FEES CHARGED:

List below the fees charged for all services. Failure to report changes in fee schedule may be cause for suspension of license.

	OWNER, PARTNER, OFFICER				
I, the undersigne	ed, hereby certify that I am	of the above driving school			
and that the infor	rmation contained in this application is true to the bes	st of my knowledge and belief and that the said school			
shall be conducted	ed in full compliance with all applicable laws and reg	ulations.			
APPLICANT'S SIGNATUR	E	DATE SIGNED			
X					
	ation and Surety Bond, together with a check or mone the Department of Motor Vehicles. <i>(If application is</i>	-			
\$	for each branch).	Tor Dranch Onice(s) only, the ree shall be			
SEND TO:	STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES DRIVER EDUCATION UNIT 60 STATE STREET, WETHERSFIELD, CT 06161				
	INSPECTOR'S REPORT (D	MV Use Only)			