

APPLICATION FOR DRIVING SCHOOL LICENSE

R-94 REV. 12-2021

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



<input type="checkbox"/> 1. ORIGINAL APPLICATION <input type="checkbox"/> 2. RENEWAL APPLICATION MAIN LOCATION / ADDITIONAL LOCATION <i>Circle One</i> <input type="checkbox"/> 3. BRANCH OFFICE APPLICATION	DMV USE ONLY
	LICENSE NUMBER
	APPROVED BY
	DATE

NAME OF SCHOOL	TELEPHONE NUMBER	TAX I.D. NUMBER
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ADDRESS OF SCHOOL

NAME AND ADDRESS OF BRANCH OFFICE(S) OR CLASSROOM(S)

NAME OF OWNER(S)	E-MAIL ADDRESS
ADDRESS OF OWNER(S)	

NAME OF OWNER(S)	E-MAIL ADDRESS
ADDRESS OF OWNER(S)	

NAME OF OWNER(S)	E-MAIL ADDRESS
ADDRESS OF OWNER(S)	

INSURANCE INFORMATION

IS A CERTIFICATE OF FINANCIAL RESPONSIBILITY ON FILE WITH THE DEPARTMENT OF MOTOR VEHICLES?	NAME OF INSURANCE COMPANY
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LIMITS OF LIABILITY

POLICY NUMBER	BODILY INJURY		PROPERTY DAMAGE
<i>Each Accident</i>	\$ _____	\$ _____	\$ _____
	<i>Each Person</i>	<i>Each Accident</i>	<i>Each Accident</i>

Automobiles to which Insurance is applicable and which will be used for school:

YEAR	MAKE OF VEHICLE	BODY TYPE	IDENTIFICATION NUMBER	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.
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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 undersigned, hereby certify that I am _____ of the above driving school and that the information contained in this application is true to the best of my knowledge and belief and that the said school shall be conducted in full compliance with all applicable laws and regulations.

APPLICANT'S SIGNATURE

DATE SIGNED

X

Send this application and Surety Bond, together with a check or money order in the amount of \$ _____ made payable to the Department of Motor Vehicles. *(If application is for Branch Office(s) only, the fee shall be \$ _____ for each branch).*

SEND TO: STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER EDUCATION UNIT
60 STATE STREET, WETHERSFIELD, CT 06161

INSPECTOR'S REPORT (DMV Use Only)

INSPECTOR/AGENT'S SIGNATURE

DATE SIGNED

X
