

Application for Driver's School License

	pplication. Print in ink	or type.			
□ Application Filing Fee (not refundable)- \$200.00□ Primary Facility- \$150.00		☐ Change of Officers- \$20.00 ☐ Change of Name- \$20.00			
					☐ Branch Facility- \$150.00
☐ Change of Address- \$20.00		Renewal (Primary/B	ranch)- \$150.00		
Business Name (as appears on surety bond (CS-072))					
School Number Bus	siness Phone				
Site Address Street	C	ity	County	State Zip Code	
Please list all owners, partners, and office	are of corneration below.			·	
	ers of corporation below:				
Name of Owner, Partner or Officer	Driver's License #	Position	Home Phone No.	Date of Birth	
Street Address (Home)	С	ity	State	Zip Code	
Name of Owner, Partner or Officer	Driver's License #	Position	Home Phone No.	Date of Birth	
Street Address (Home)	С	ity	State	Zip Code	
Name of Owner, Partner or Officer	Driver's License #	Position	Home Phone No.	Date of Birth	
Street Address (Home)	С	ity	State	Zip Code	
Type of Business:	☐ Joint Owner	☐ Partner	☐ Corporation		
If applicant is a corporation, under the laws of what state are you incorporated? (If incorporated in another state other than Maryland, you must attach a certified copy of the permit to do business in Maryland as a foreign corporation.)					
Yes No					
☐ Has applicant been previously licensed to operate a Driver's School? If yes, was license revoked? Date					
☐ Has owner, partner or corporate officer listed above ever been convicted of any violation of the Driver's School License Law as provided in Section 15-710 of the Transportation Article?					
	ortation Article?		on of the Driver's School	l License Law as provided	
☐ ☐ Has any owner, partner or corpor territory? If yes, please explain	rate officer listed above ever			·	
☐ ☐ Has any owner, partner or corpo	rate officer listed above ever on a seperate sheet.	been convicted of any vi	iolation of the Motor Vehi	icle laws in any state or	
☐ ☐ Has any owner, partner or corporterritory? If yes, please explain☐ ☐ ☐ Has any owner, partner or corpor	rate officer listed above ever on a seperate sheet. rate officer listed above ever eparate sheet.	been convicted of any vi	iolation of the Motor Vehi noral turpitude in any stat	icle laws in any state or territory? If yes,	
☐ ☐ Has any owner, partner or corpor territory? If yes, please explain ☐ ☐ Has any owner, partner or corpor please explain on a second ☐ ☐ Is any owner, partner or corporate ☐ ☐ Is any owner, partner or corporate ☐ ☐ Is any owner, partner or corporate ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	rate officer listed above ever on a seperate sheet. rate officer listed above ever eparate sheet. e officer listed above current	been convicted of any modern convicted of any modern convicted of any modern convicted by the State continuous for a Driver's Scriffies to a false or fictition	noral turpitude in any state of Maryland? If so, what	te or territory? If yes, at agency?	
☐ ☐ Has any owner, partner or corpor territory? If yes, please explain ☐ ☐ Has any owner, partner or corpor please explain on a second ☐ ☐ Is any owner, partner or corporate ☐ ☐ Is any owner, partner or corporate ☐ ☐ Is any owner, partner or corporate ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	rate officer listed above ever on a seperate sheet. rate officer listed above ever eparate sheet. e officer listed above current to give false or fictitious inform, anyone who provides or ceve his or her license cancelle	been convicted of any vibeen convicted of any material by employed by the State rmation for a Driver's Scriffies to a false or fictitions.	iolation of the Motor Vehi noral turpitude in any stat e of Maryland? If so, wha hool License. Since this ius statement or informat	icle laws in any state or te or territory? If yes, at agency? certification is considered tion herein may be	
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Please indicate within the space provided above, driver's school office and classroom operating days and hours. Please notify the Motor Vehicle Administration immediately, in writing, if there is any change in this information.					
Federal Tax Identification Number	_				
Vehicle Liability Insurance Certification					
I certify under penalty of perjury that the minimum limits of insurance of	coverage are maintained with the following compan	y:			
Name of Insurance Company					
Policy/Binder Number					
Name of Agent					
Certification of Workmen's Compensation					
Maryland State Workmen's Compensation Law requires employers with one or more employees and corporations to file a Certificate of Compliance.					
I/we certify coverage has been obtained as follows:					
Name of Insurance Company					
Policy/Binder Number	Effective Date				
Surety Bond Certification					
I/we certify a surety bond has been obtained as follows:					
Name of Bonding Company	Policy/Binder No.	Effective Date			
Primary Facility Information Only					
The individuals listed below are authorized to sign on behalf of the driver's school:					
Name	Signature				
Name	Signature				
Name	Signature				
Name	Signature				
For MVA use only					
Validation:	License Number				
Approved		Date			
Concurrence		Date			

