



REQUEST FOR APPROVAL OF DRIVING SCHOOL NAME

www.nysdmv.com

The **name** you select for your Driving School **must be approved** by our office **before you file** your application. Provide as many as **three names** that are acceptable to you and that you would like considered for your school name. Your choices will be reviewed for approval, **in order of preference**, as follows:

CHOICE 1. _____

CHOICE 2. _____

CHOICE 3. _____

Owner's Name & Address:

Phone: () _____ **Fax** () _____ **Date:** _____

Return completed form to: NYS Department of Motor Vehicles
Driver Program Regulation
Driver Training Programs
6 Empire State Plaza, Room 412
Albany, NY 12228

Phone: (518) 473-7174

Fax: (518) 473-0160

FOR DMV USE ONLY - DO NOT WRITE IN THIS BOX

APPROVED SCHOOL NAME: _____

- Please send us a "Driving School License Application" (form MV-521) with the required documents and the \$50 application fee. Any printed material identifying your school name **must use** the approved name exactly as it is shown above.
- Your suggested choice(s) for a **SCHOOL NAME ARE UNAVAILABLE** and cannot be approved. Please provide as many as three more selections on the enclosed request form. Thank you.

Date _____ **Initials** _____

