



DRIVING SCHOOL RENEWAL APPLICATION

www.nysdmv.com

DMV USE ONLY table with fields: License Number, Expiration Date, Date Received, Fee

Please print or type. With this application, send a List of Driving School Vehicles (MV-527) with proof of appropriate insurance for all driving school vehicles, and proof of Workers' Compensation and Disability Benefits Insurance Coverage.

Form fields: Name of Driving School, Phone Number, Address of School, City, State, Zip Code, Branch Name and Address, Last Name of Owner, Type of Business, Federal ID Number

NOTE: Businesses regulated by the Department of Motor Vehicles are required to provide their Social Security numbers and Federal ID numbers to the Department of Taxation and Finance, upon request, for tax administration purposes pursuant to Section 5 of the New York State Tax Law.

Contact Person - What is the name and phone number of the person to whom we should send all information?

Contact Person form fields: Last Name, First, M.I., Phone Number

ANSWER ALL QUESTIONS—

CHECK ONE

- 1. Has there been any change of owner, partner, corporate officer, major stockholder or manager of the driving school?
2. Has there been any change in driving school courses or fees charged since your last application?
3. Has your driving school license been suspended or revoked since last issued?
4. Have any of the owners, partners, corporate officers, managers or major stockholders been convicted of a crime or felony involving violence, dishonesty, deceit, indecency, degeneracy or moral turpitude?
5. Has there been any change in your business address or a branch office address since your license was last issued?
6. Does your school offer the Prelicensing Course?
7. Does your school offer a Point Insurance Reduction Program?
8. Are you under contract to provide the in-car portion of the driver education course for any school?
9. What type(s) of vehicles are you using for instruction?
 Auto Bus Motorcycle Tractor-Trailer Truck

Workers' Compensation Law (Section 57) and the Disability Benefits Law (Section 220, subdivision 8) require you to provide proof that you have obtained the appropriate Workers' Compensation and Disability Benefits insurance coverage for any paid and unpaid employees.

10. Attach Workers' Compensation form [] C-105.2 OR U-26.3 AND Disability Benefits form [] DB-120.1

OR

Attach Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage (CE-200).

Remember To Attach Copies of Your Forms

Name of Driving School: _____

FEES

Make check or money order payable to the Commissioner of Motor Vehicles




- ◆ Driving School one-year renewal: \$50
- ◆ Driving School two-year renewal: \$100
- ◆ Branch Office one-year renewal: \$1.50
- ◆ Branch Office two-year renewal: \$3.00

As a condition for the issuance and the continued validity of a driving school license, the individuals signing this application agree to the following conditions:

- ◆ to comply with all of the provisions of the New York State Vehicle and Traffic Law and the rules and regulations relating to driving schools and Private Service Bureaus.
- ◆ to comply with all state laws and regulations and all municipal ordinances and regulations relating to public health and public safety for the school and business facility.
- ◆ to employ (or otherwise make use of) instructors who have been properly certified by the State of New York to instruct at the applicant's school.

All of the individuals signing this application affirm that they have read the entire application, that they are familiar with all of its contents, and that all answers and statements made in connection with this application are true. *Each owner, partner, corporate officer, and major stockholder (20% or more)* of the driving school must sign in the space provided below.

To knowingly make a false statement or conceal a material fact in this application is a criminal offense, and may result in the revocation of your driving school license. False statements are punishable under Section 210.45 of the Penal Code.

Signature (Owner or Corporate Officer)	Title	Date
		
		
		

Application Prepared by:

Print Name	Signature	Title	Date
_____	_____	_____	_____

Send this form, and all papers required to complete your renewal application, to:

NYS DEPARTMENT OF MOTOR VEHICLES
DRIVER PROGRAM REGULATION, DRIVER TRAINING PROGRAMS
6 ESP, ROOM 412
ALBANY NY 12228

