



New York State Department of Motor Vehicles

**APPLICATION FOR ACCESS TO DMV INTERNET  
ROAD TEST SCHEDULING SYSTEM**

www.nysdmv.com

**Please complete the following:**

Driving School Name		Driving School License #	
Address	City	State	Zip Code
Phone Number	E-Mail Address ( <i>Your e-mail address is <b>required</b>. It can be a maximum of 50 characters</i> )		
Primary User(s):			
Password ( <i>Your password should be 6 to 8 characters and may be changed if necessary</i> )			

*(Please note: Only driving school owner(s), corporate officer(s) or employee(s) registered with the department may be authorized to use this system. To register employees, a Personal History form (MV-521.1) must be completed).*

**AGREEMENT**

I understand that access to the DMV internet Road Test Scheduling System is a privilege that may be suspended or revoked by the DMV for any inappropriate use of the system or for any violation of the Commissioner's Regulations deemed serious by the DMV Driver Program Regulation-Customer Service Unit or RTSS System Administrator.

\_\_\_\_\_  
(Print name of owner/principle of Driving School)

➡ \_\_\_\_\_  
(Signature of owner/principle of Driving School)

\_\_\_\_\_  
(Date)

**Send this completed form to:**

NYS Department of Motor Vehicles  
Bureau of Driver Training Programs  
Certification & Oversight Unit, Room 412  
6 Empire State Plaza  
Albany, New York 12228