



## Private Driver Training School – Renewal Application 7/1/2017 to 6/30/2018 Licensure Period

The renewal application for the 7/1/17 to 6/30/18 licensure period **MUST** be received by **4/30/2017**. Applications filed after this date may result in the issuance of licenses or teacher identification cards after June 30, 2017. Please be advised that incomplete applications may be returned to the school and may result in a delay or denial of licensure. Please type or print in blue or black ink. Submit completed applications to the following address:

Pennsylvania Department of Education  
Private Driver Training Schools  
333 Market Street, 3rd Floor  
Harrisburg, PA 17126-0333

<b>The following information <u>MUST</u> be submitted with this application:</b>
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- \_\_\_\_\_ Check or money order made payable to the “Pennsylvania Department of Revenue” to cover the appropriate fee(s):
  - Renewal for each licensed school and each licensed classroom site.....\$300
    - Schools that have more than one licensed classroom site will be charged \$300 for each additional classroom site.
  - Renewal for each instructor.....\$20
  - Renewal/Transfer for each vehicle.....\$5
  - Renewal for each agent.....\$5
  
- \_\_\_\_\_ Original or copy of a current and valid Certificate of Insurance showing the vehicle identification numbers for each vehicle including coverage and effective dates
  
- \_\_\_\_\_ Copy of advertising from the 2016-17 licensing period and planned advertising for 2017-18
  
- \_\_\_\_\_ Copy of automobile title for 2009 and 2010 vehicles to determine the 8-year expiration date
  
- \_\_\_\_\_ Prospectus of **ALL** Fees/Charges

**Private Driver Training School Information**

You **MUST** complete all blanks. Address of school should be the mailing address. Other locations should be noted in the section titled "Requesting Approval to Provide the Following Course(s) or Program(s)."

Name of School \_\_\_\_\_ Reporting Code \_\_\_\_\_

Address of School \_\_\_\_\_  
(Street) (City) (ZIP Code)

County \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)

Email Address \_\_\_\_\_

Name of Owner/Driving School Director \_\_\_\_\_  
(Must have two years of successful experience teaching driver education)

School Website (if applicable) \_\_\_\_\_

**Ownership Information**

Please note that any legal notifications from the Pennsylvania Department of Education will be sent to the person(s) listed below. Please indicate the type of school ownership and provide the appropriate name(s) and address (es).

\_\_\_\_\_ Sole Owner                      \_\_\_\_\_ Partnership                      \_\_\_\_\_ Corporation

\_\_\_\_\_  
Name of Owner, Partner, President, or Chief Executive Officer

Home Address \_\_\_\_\_  
(Street) (City) (ZIP Code)

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
Name of Partner or Treasurer

Home Address \_\_\_\_\_  
(Street) (City) (ZIP Code)

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)

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Name of Partner or Secretary \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (ZIP Code)

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)

**Requesting Approval to Provide the Following Course(s) or Program(s)**

Check each type of approval for which you are applying. You can only renew classroom locations that were licensed for the 2016–17 licensure period. Must submit your prospectus of ALL fees/charges with this renewal application.

- \_\_\_\_\_ Behind-the-wheel instruction consisting of six hours of training
- \_\_\_\_\_ Classroom instruction consisting of 30 hours of theory for teenagers
- \_\_\_\_\_ Online Driver Theory consisting of 30 hours of instruction (Subject to online theory application approval)
- \_\_\_\_\_ Combined program consisting of 30 hours of theory and six hours of behind-the-wheel instruction for a regular driver’s license at age 17 ½
  - \_\_\_\_\_ Classroom instruction at the above address to teach four or fewer students per session
  - \_\_\_\_\_ Classroom instruction for five or more students per session at the following locations (Certificate of Occupancy is required):

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Name of Building for Classroom #1 (Street) (City) (ZIP Code)

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Name of Building for Classroom #2 (Street) (City) (ZIP Code)

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Name of Building for Classroom #3 (Street) (City) (ZIP Code)

I have incorporated or will incorporate the Driver Education Content and Performance Expectations into my course outline by July 1, 2017. \_\_\_\_\_ YES \_\_\_\_\_ NO

I have included a copy of my Prospectus of ALL Fees/Charges. \_\_\_\_\_ YES \_\_\_\_\_ NO

**Complete the information for each vehicle being RENEWED.**

Vehicle identification numbers must contain a total of 17 digits and letters. Vehicles listed **MUST** have the special equipment specified by 24 P.S. § 2834(3)(d) and **MUST** be insured for at least: (a) \$50,000 per person/\$100,000 per accident for public liability; (b) \$5,000 property damage; and (c) \$5,000 medical payments.

Certificates of Insurance. If you are renewing vehicles currently registered with the Pennsylvania Department of Education (PDE), you are required to submit a current and valid insurance certificate with your renewal application.

**NOTE:** If you are adding new vehicles, you **MUST** submit a separate Vehicle Application for **EACH** new vehicle.

**Car #1:**

Year \_\_\_\_\_ Model \_\_\_\_\_ Make \_\_\_\_\_

Registration Plate # \_\_\_\_\_ Vehicle Identification # \_\_\_\_\_

Odometer Reading \_\_\_\_\_ Automatic or Standard Transmission \_\_\_\_\_

**Car #2:**

Year \_\_\_\_\_ Model \_\_\_\_\_ Make \_\_\_\_\_

Registration Plate # \_\_\_\_\_ Vehicle Identification # \_\_\_\_\_

Odometer Reading \_\_\_\_\_ Automatic or Standard Transmission \_\_\_\_\_

**Car #3:**

Year \_\_\_\_\_ Model \_\_\_\_\_ Make \_\_\_\_\_

Registration Plate # \_\_\_\_\_ Vehicle Identification # \_\_\_\_\_

Odometer Reading \_\_\_\_\_ Automatic or Standard Transmission \_\_\_\_\_

**Car #4:**

Year \_\_\_\_\_ Model \_\_\_\_\_ Make \_\_\_\_\_

Registration Plate # \_\_\_\_\_ Vehicle Identification # \_\_\_\_\_

Odometer Reading \_\_\_\_\_ Automatic or Standard Transmission \_\_\_\_\_

**Please complete the information for each vehicle being DELETED.**

**Car #1:**

Year \_\_\_\_\_ Model \_\_\_\_\_ Make \_\_\_\_\_

Registration Plate # \_\_\_\_\_ Vehicle Identification # \_\_\_\_\_

Odometer Reading \_\_\_\_\_ Automatic or Standard Transmission \_\_\_\_\_

**Car #2:**

Year \_\_\_\_\_ Model \_\_\_\_\_ Make \_\_\_\_\_

Registration Plate # \_\_\_\_\_ Vehicle Identification # \_\_\_\_\_

Odometer Reading \_\_\_\_\_ Automatic or Standard Transmission \_\_\_\_\_

**Please complete the information for each instructor and/or agent being RENEWED.** Please place the letter A after the driver's license number of each agent.

**NOTE:** If you are adding new instructors and/or agents, you **MUST** submit a separate Professional Staff Application for each new individual.

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Driver's License #

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Driver's License #

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Driver's License #

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Driver's License #

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Driver's License #

**Registration in the Teacher Information Management System (TIMS). All Owners, Directors and Instructors MUST register in TIMS**

All Owners, Directors and Instructors are registered in TIMS \_\_\_\_\_ YES \_\_\_\_\_ NO

**Please complete the information for each instructor and/or agent being DELETED.**

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Last Name	First Name	Middle Initial	Driver's License #
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Last Name	First Name	Middle Initial	Driver's License #
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**Certification.**

Please select the appropriate statement below and certify by signature.

\_\_\_\_\_ I have read and am familiar with the requirements of 24 P.S. §1-111.1 (Act 168) and the Child Protective Services Law (“CPSL”) as amended by Act 153. I certify that the school and all employees and/or agents of the school are in compliance with all requirements including the clearance provisions of the CPSL.

\_\_\_\_\_ I have read and am familiar with the requirements of 24 P.S. §1-111.1 (Act 168) and the Child Protective Services Law (“CPSL”) as amended by Act 153 which are inapplicable to my school because employees and/or agents do not have direct contact with children.

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Signature of Owner, Partner, President, Driving School Director or Chief Executive Officer

**Statistical Information.**

Please complete the statistical information for the time period from Jan. 1, 2016 to Dec. 31, 2016. If you are contracting with a public or nonpublic school to provide driver education services for their driver education program, do not include those students in your student count. Since it is a school's program, those students will be included in the school's annual report to PDE.

\_\_\_\_\_ Total # of students enrolled in your driving school

\_\_\_\_\_ Total # of students who completed the approved program of 30 hours of classroom AND six hours of behind-the-wheel instruction. Include those students who completed a PDE approved online Driver Education Theory Class

\_\_\_\_\_ Total # of students who completed ONLY 30 hours of classroom instruction. Include those students who completed a PDE approved online Driver Education Theory Class

\_\_\_\_\_ Total # of students who completed ONLY six hours of behind-the-wheel instruction

**Affidavit**

Please be certain that proper signatures are provided and that the application is notarized.

I/We certify that the foregoing statements are true and correct to the best of my/our knowledge and belief. I/We have read the Private Driver Training Schools Act, 24 P.S. § 2831 et seq., and supporting regulations found at 22 Pa. Code, Chapter 101 and certify that I /We will comply with all requirements.

\_\_\_\_\_  
Signature of Owner, Partner, President, Driving School Director or Chief Executive Officer

\_\_\_\_\_  
Signature of Partner or Corporate Treasurer

\_\_\_\_\_  
Signature of Partner or Corporate Secretary

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_

Check/Money Order #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Log #: \_\_\_\_\_

Date Receipt Letter Mailed: \_\_\_\_\_ Date Licenses Mailed: \_\_\_\_\_