Private Driver Training School – Renewal Application
7/1/2015 to 6/30/2016 Licensure Period

The renewal application for the 7/1/15 to 6/30/16 licensure period **MUST** be received by 4/30/2015. Applications filed after this date may result in the issuance of licenses or teacher identification cards after June 30, 2015. 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

The following information MUST be submitted with this application:

_____ 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 2014-15 licensing period and planned advertising for 2015-16

_____ Copy of automobile title for 2007 and 2008 vehicles to determine the 8-year expiration date

_____ Course outline(s) and 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)

_____

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 2014–15 licensure period. If your 2014-15 course outline and prospectus of fees/charges remains unchanged for the 2015-16 license period, you are NOT required to send another outline or prospectus with your renewal application. If changes have been made to either document, you MUST submit a revised version of the appropriate document with your renewal application.

_____ Behind-the-wheel instruction consisting of six hours of training

_____ Classroom instruction consisting of 30 hours of theory for teenagers

_____ 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):

_____

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

_____

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

_____

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, 2015. _____ 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 _____

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 #

_____

Last Name First Name Middle Initial Driver's License #

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

Last Name	First Name	Middle Initial	Driver's License #

Last Name	First Name	Middle Initial	Driver's License #

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.

_____
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, 2014 to Dec. 31, 2014. 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

_____ Total # of students who completed ONLY 30 hours of classroom instruction

_____ 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:_____