



## Private Driver Training School – Vehicle Application

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 Items MUST Be Submitted with this Application when ADDING a Vehicle to Your Fleet.**

- \_\_\_\_\_ Check or money order made payable to the Pennsylvania Department of Revenue for one of the following:
  - Initial license fee.....\$10
  - Transfer fee.....\$5
  
- \_\_\_\_\_ Certificate of Insurance that shows the year, make, serial number, and registration plate of the vehicle, expiration date of the coverage, the amounts of medical payment, property damage and public liability coverage carried under that certificate. List the Certificate Holder as: Pennsylvania Department of Education, Private Driver Training Schools, 333 Market Street, Third Floor, Harrisburg, PA 17126-0333.
  
- \_\_\_\_\_ Copy of automobile title for 2007 and 2008 vehicles to determine the 8-year expiration date

**Private Driver Training School Information**

You MUST complete all blanks. Address of school should be the mailing address.

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) \_\_\_\_\_

**ADDED VEHICLE**

You MUST complete the following information and note that the vehicle identification number must contain a total of 17 digits and letters.

\_\_\_\_\_ YES \_\_\_\_\_ NO Does the added vehicle have the special equipment specified in 24 P.S. § 2834(3)(d)?

\_\_\_\_\_ YES \_\_\_\_\_ NO Is the added vehicle insured for, at least, the following amounts?  
1. \$50,000 per person and \$100,000 per accident for public liability;  
2. \$5,000 property damage; and  
3. \$5,000 medical payments

\_\_\_\_\_ YES \_\_\_\_\_ NO Is the added vehicle registered with the Pennsylvania Department of Transportation?

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

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

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

**DELETED VEHICLE**

You MUST complete the following information and note that the serial number must contain a total of 17 digits and letters. Please type or print in ink.

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

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

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

**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: \_\_\_\_\_