



Application for a License to Conduct a Private Driver Training School

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 fees:
 - For each licensed school and each licensed classroom site.....\$500
 - Schools that have more than one licensed classroom site will be charged \$500 for each additional classroom site.
 - For each instructor.....\$30
 - For each vehicle.....\$10
 - For each agent.....\$5

- _____ A Pennsylvania Child Abuse History Clearance for each person who is directly connected with the conduct and operation of the educational program

- _____ An original Pennsylvania State Police Criminal Record Check for each person who is directly connected with the conduct and operation of the educational program

- _____ 3M Cogent Registration ID for each person who is directly connected with the conduct and operation of the educational program (for more information related to background checks, please see instructions on the Safety and Driver Education website)

- _____ An original 3-Year Driving Abstract from the Pennsylvania Department of Transportation for each teacher

- _____ A *Professional Staff Application* and supporting documents for each teacher, driving school director and agent

- _____ A *Vehicle Application* and a Certificate of Insurance for each vehicle used in the driving program

- _____ Evidence that a fictitious name is registered with the Department of State

- _____ Articles of Incorporation

_____ A statement certifying that persons employed by and/or directly connected with the conduct and operation of schools are not addicted to the use of alcoholic liquors, morphine, cocaine or other drugs that have a similar effect and shall not be mentally incompetent

_____ Documentary evidence that the private driver training school owner or director has a minimum of two years of successful driver education teaching experience in a private driver training school, private high school or public high school. The documentary evidence shall set forth the names of the schools or classes and the place, dates and length of instructional service, including a statement from the official head of the school or class certifying that the teaching experience was successful and attesting to the place, dates and length of the service.

***For each proprietor or each member of a partnership, or each officer and director of a corporation that owns a school and who is directly connected with the conduct and operation of the educational program, provide the following:

_____ A statement certifying that the applicant is of good moral character and at least 18 years of age.

_____ A list of names, addresses and daytime telephone numbers of three persons serving as character references, none of whom are related to the applicant or are in any way connected to the school in which the applicant is seeking employment.

_____ Course outline(s) and Prospectus of ALL Fees/Charges

<p>The following information <u>MUST</u> be submitted with this application <u>ONLY</u> if you are seeking a license to provide classroom training.</p>
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_____ Floor plan of the building, clearly showing the classroom, restrooms and exits, if seeking approval for five or more persons per session (please note: plans to be drawn to a scale of 1/8" or larger with the classroom dimensions shown)

_____ Certificate of Occupancy for the building that contains the classroom, if seeking approval for five or more persons per session

_____ Copy of a lease or contract for utilization of the classroom space or business location, if not operating from one's home address

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 _____

Address of School _____
(Street) (City) (ZIP Code)

County _____ Phone # _____ - _____
(Area Code)

Email Address _____

Name of Driving School Director (if applicable) _____
(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** _____ CEO (check one and insert name below)

Home Address _____
(Street) (City) (Zip Code)

Email Address _____ Phone # _____ - _____
(Area Code)

Name of: _____ Partner **OR** _____ Treasurer (check one and insert name below)

Home Address _____
(Street) (City) (Zip Code)

Email Address _____ Phone # _____ - _____
(Area Code)

Name of: ____ Partner **OR** ____ Secretary (check one and insert name below)

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. Submit a Course Outline Detailing Objectives for Each Hour of Instruction and a Prospectus that describes **ALL** Fees/Charges.

- _____ 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)

Entrance Requirements for Course(s).

Name(s) of Classroom Instructor(s).

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Name(s) of Textbook(s) Used With The Course.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Check All Items Which Are Available For School Staff and Students
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_____ Teacher's Desk and Chair

_____ Overhead Projector/Screen

_____ File Cabinet

_____ Toilet Facilities

_____ Tests

_____ Simulators

_____ Computers

_____ Bulletin Board

_____ Automobile(s)

_____ Reference Materials

_____ Magnetic Automobile Boards

_____ Textbooks

_____ Writing Board

_____ TV and VCR

_____ Chair and Desk for Each Student

_____ Required Heating and Lighting

_____ Audio-Visual Aids/Videos

_____ Others: _____

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: _____