APPLICATION FOR DRIVING SCHOOL LICENSE

R-94 REV. 10-2010

STATE OF CONNECTICUT

DEPARTMENT OF MOTOR VEHICLES

DRIVER EDUCATION UNIT
60 STATE STREET, WETHERSFIELD, CT 06161
On The Web At ct.gov/dmv



				DMV USE ONLY			
□ 1.	ORIGINAL APPLIC	CATION		LICENSE NUMBE	R		
□ 2.	RENEWAL APPLIC	CATION		APPROVED BY			
□ 3.	BRANCH OFFICE		DATE				
NAME OF SCH	HOOL			TELEPHONE NUI	MBER TAX	X I.D. NUMBER	
ADDRESS OF	SCHOOL						
NAME AND AL	DDRESS OF BRANCH OFFICE((S) OR CLASSROOM(S)					
NAME OF OW	NER(S)						
ADDRESS OF	OWNER(S)						
NAME OF OW	NER(S)						
ADDRESS OF	OWNER(S)						
NAME OF OW	NER(S)						
ADDRESS OF	OWNER(S)						
			INSURANCE INFORMATION NAME OF INSURANCE COMPANY				
RESPONSIBIL	TATE OF FINANCIAL ITY ON FILE WITH THE FOF MOTOR VEHICLES?		NAME OF INSURANCE COMPANY				
			LIMITS OF LIABILITY				
PO	LICY NUMBER		BODILY INJURY		PROPER	TY DAMAGE	
		\$	\$		\$		
Each Accident Each Per Automobiles to which Insurance is applicable and			·		ch Accident		
YEAR	MAKE OF VEHICLE	BODY TYPE	IDENTIFICATION NU	JMBER		REGISTRATION PLATE NUMBER	
						1	

		LIST OF DRIVER INSTRUCTORS	
Please list below	the name and address o	of the Licensed Driving Instructors who will be emplo	oyed by you.
	NAME	ADDRESS	INSTRUCTOR'S LICENSE NO.
CHANGES IN DEE	SONNEL DUDING VEA	│ R MUST BE REPORTED TO THE DEPARTMENT OF M	MOTOR VEHICLES
	SONNEL DOKING TEA	N MOST BE REPORTED TO THE DEPARTMENT OF M	NOTOR VEHICLES.
FEES CHARGED: List below the fee	s charged for all service	es. Failure to report changes in fee schedule may be	cause for suspension of license.
		•	•
		OWNER, PARTNER, OFFICER	
I. the undersigned	d, hereby certify that I a		of the above driving school
_		s application is true to the best of my knowledge a	_
shall be conducted	ed in full compliance wi	th all applicable laws and regulations.	
APPLICANT'S SIGNATURE			DATE SIGNED
X			
Send this applica	tion and Surety Bond,	together with a check or money order in the amour	nt of \$
made payable to	the Department of Mot	or Vehicles. (If application is for Branch Office(s)	only, the fee shall be
\$	for each	branch).	
SEND TO:	STATE OF CONNEC		
	DEPARTMENT OF M DRIVER EDUCATION		
		WETHERSFIELD, CT 06161	
		INSPECTOR'S REPORT (DMV Use Only)	
INSPECTOR'S SIGNATURE	•		DATE SIGNED
X			