

**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



<input type="checkbox"/> <b>1. ORIGINAL APPLICATION</b>  <input type="checkbox"/> <b>2. RENEWAL APPLICATION</b>  <input type="checkbox"/> <b>3. BRANCH OFFICE APPLICATION</b>	<b>DMV USE ONLY</b> LICENSE NUMBER  APPROVED BY  DATE
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NAME OF SCHOOL	TELEPHONE NUMBER	TAX I.D. NUMBER
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ADDRESS OF SCHOOL

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NAME AND ADDRESS OF BRANCH OFFICE(S) OR CLASSROOM(S)

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NAME OF OWNER(S)

ADDRESS OF OWNER(S)

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NAME OF OWNER(S)

ADDRESS OF OWNER(S)

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NAME OF OWNER(S)

ADDRESS OF OWNER(S)

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**INSURANCE INFORMATION**

IS A CERTIFICATE OF FINANCIAL RESPONSIBILITY ON FILE WITH THE DEPARTMENT OF MOTOR VEHICLES?	NAME OF INSURANCE COMPANY
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**LIMITS OF LIABILITY**

POLICY NUMBER	BODILY INJURY		PROPERTY DAMAGE
<i>Each Accident</i>	\$ _____ <i>Each Person</i>	\$ _____ <i>Each Accident</i>	\$ _____ <i>Each Accident</i>

**Automobiles to which Insurance is applicable and which will be used for school:**

YEAR	MAKE OF VEHICLE	BODY TYPE	IDENTIFICATION NUMBER	REGISTRATION PLATE NUMBER

NOTE: Any change in the above information during the license period must be reported.  
**ANY ADDITIONAL INFORMATION FOR ANY OF THE ABOVE SHOULD BE SUBMITTED ON A SEPARATE PAPER AND ATTACHED. (OVER)**

