

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES
BUREAU OF MOTORIST COMPLIANCE

**LICENSE APPLICATION FOR
COMMERCIAL DRIVING SCHOOL**

This form is to be used for original and renewal applications for the purpose of securing approval to engage in motor vehicle driving instruction, by the individual, association, corporation or partnership as owner of the school for a license to conduct a Commercial Driving School, in accordance with the provisions of Chapter 488, Florida Statutes and Administrative Rule 15A-11.002, 15A-11.003, 15A-11.004, and 15A-11.012.

This form and all required documentation must be submitted to:

Department of Highway Safety and Motor Vehicles
Bureau of Motorist Compliance
Neil Kirkman Building, Mail Stop 39
2900 Apalachee Parkway
Tallahassee, Florida 32399-0570

THIS APPLICATION MUST BE COMPLETE WITH ALL REQUIRED DOCUMENTS AND FEES ATTACHED PRIOR TO SUBMISSION TO THIS OFFICE.

AN APPLICATION FOR LICENSE RENEWAL RECEIVED LESS THAN 45 DAYS FROM THE EXPIRATION DATE WILL NOT BE ACCEPTED BY THE DEPARTMENT AND THE LICENSE WILL NOT BE RENEWED. IN SUCH CASE, A COMMERCIAL DRIVING SCHOOL MUST SUBMIT AN ORIGINAL APPLICATION FOR LICENSURE.

O = Original Application R = Renewal Application B = Both

All fees are due at submission and are made payable to:

Department of Highway Safety and Motor Vehicles.

Application Fee: \$ 50.00 (O) ___ Non-Refundable per F.S.488.03

Original License Fee: \$200.00 (O) ___

License Renewal Fee: \$100.00 (R) ___

Original Vehicle Registration: \$ 15.00 (O) ___ Non-Refundable per F.S.488.05

Renewal Vehicle Registration: \$ 10.00 (R) ___

1. GENERAL INFORMATION.

IMPORTANT

No employee of the Department or immediate family member of the Department shall be connected in any capacity with any commercial driving school or commercial truck driving school in accordance with section 112.313(7), F.S. and Administrative Rule 15A-11.002.

- (B) Name of Business: _____
PLEASE ATTACH CERTIFICATE OF FICTITIOUS NAME OR CERTIFICATE OF INCORPORATION
- (B) Business Address: _____
PLEASE ATTACH CERTIFICATE OF OCCUPANCY OR LEASE AGREEMENT

NOTE: Each branch office location requires a separate license application.

- (B) Phone Number(s): _____

2. OWNER/OPERATOR.

- (B) If the school is owned by an individual, partnership, principal stockholder(s), association or a corporation, list the name, addresses and positions of all persons involved. (Continue on a separate sheet of paper and attach if necessary.)

3. PROGRAM OF INSTRUCTION.

- (B) a. List of all instructors and agents employed by the school (if necessary continue on a separate sheet and attach to this application):

- (B) b. Enter the following information with respect to school vehicles, licensed by the Department, to be used by your organization. These vehicles must be dual controlled. (if necessary continue on a separate sheet and attach to this application). **ATTACH A CURRENT CERTIFICATE OF INSURANCE FOR EACH VEHILCE LISTED**

<u>Make of Vehicle</u>	<u>Year</u>	<u>VIN</u>	<u>Own/Lease</u>

NOTE: Whenever motor vehicles are replaced or added, notify the Department and forward a valid certificate of insurance for new vehicle registration.

4. SUPPLEMENTARY INFORMATION

- a. Every owner, officer, or partner of the school, shall provide one set of finger prints for a fingerprint-based criminal background check, the cost of which is borne by the applicant. The conviction of, the plea of no contest to, or the adjudication withheld for, any felony or misdemeanor offense as shown by a fingerprint-based criminal background check conducted by the Department can disqualify a person as a holder of a license or acting as an instructor, agent or employee of the school.
- b. Driver License number: _____ State: _____

The information supplied above is true and complete. I understand that any fraudulent or misinformation supplied or information withheld by me will result in the revocation of my commercial driving school's license.

(Signature in Full)

(Position in School)

ATTACH THE FOLLOWING TO THIS APPLICATION:

- (B)1. All additional information called for throughout the application.
- (B)2. All fees for this document.
- (B)3. Attach a Certified copy of certificate of Fictitious Name, from the Department of State, as filed under the Fictitious Name Act. The Certificate must not be more than five (5) years old. However, if your school is incorporated you must submit a copy of the Certificate of Incorporation filed with the Department of State within the last 12 months. (To request information on how to obtain a copy of your certificate please call (850) 488-9000.)
- (B)4. Attach a Certificate of Insurance including description of the motor vehicle providing coverage for commercial driver education use of such vehicle and the certificate must also state that ten (10) days notice will be given to the Bureau of Driver Education and DUI Programs, Department of Highway Safety and Motor Vehicles in the event of change or cancellation of the policy.
- (B)5. Attach a current finger-print based background check. This report will be accepted up to 12 months from the date of issuance.
- (B)6. **For Commercial Truck Driving Schools**, attach the current year U.S. Department of Transportation Annual Inspection form (NAV-90-553) on each vehicle your organization will use for instruction.