



Louisiana Department of Public Safety and Corrections
Public Safety Services
Office of Motor Vehicles

Driving School Additional Location Application

Existing Driving School		New Location	
Name of Driving School		Services Provided <small>Check the appropriate boxes</small>	
School Mailing Address		School Physical Address	
City, State, ZIP		City, State, ZIP	Parish
School Owner		School Phone Number	
Owner's Cell Phone Number		School Fax Number	
		Number of Classrooms	Classroom sizes
Vehicles – VIN		Year/Make	Plate
Instructors – List the instructors for this location. New instructors must submit an instructor application packet.			
Name		License Number	
A Certificate of Insurance covering the above vehicles must be submitted with the application. This certificate must list Office of Motor Vehicles, Attention: Training and Certification Unit, P. O. Box 64886, Baton Rouge, LA 70896 as the certificate holder. If a certificate of insurance has not changed in any way including new vehicles since last submitted, it is not necessary to submit again.			
Since your last application have you been arrested, detained, charged, indicted or summoned to answer and appear for any criminal offense, excluding minor traffic citations, in the or any other state? YES NO			
IF YES, LIST ALL REQUIRED INFORMATION BELOW. YOU MUST INCLUDE CERTIFIED COPY OF COURT DISPOSITIONS ON ALL OFFENSES AND CONVICTIONS. FAILURE TO INCLUDE ALL INFORMATION AND RECORDS WILL RESULT IN DELAY OR DENIAL OF YOUR APPLICATION.			
Offense/Conviction	Date of Offense/Conviction	City, State	Disposition (Attach certified copy of court disposition)

I hereby certify that the statements made in this application are true and correct. I also hereby certify that I have read, understood and will adhere to all rules and regulations in accordance with La. Administrative Code, Title 55, Part III.			
Signature of Owner		Date	
Sworn to and subscribed before me on this _____ day of _____, 20_____.			
Notary Public _____			