



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

Initial Application for Driving School Owner Approval

Owner Information				Phone Number	
Name of Owner (s)				Cell Number	
				Fax Number	
Physical Address			No of Years at address	E-mail address (Required)	
City, State, ZIP			Parish	Mailing Address, if different	
Date of Birth	Driver's License Number		City, State, ZIP	City, State, ZIP	
Education:	High School	College	Driver's Education Training		
School Attended					
<i>Fingerprints must be submitted for a background check. See attached fingerprint instructional letter and forms</i>					
Prior occupations (last 5)		Beginning time period	Ending time period	Company	
Proposed School Information					
School Name			Number of Classrooms	Classroom sizes	
School Physical Address			Number of Instructors		
City, State, ZIP			Number of Vehicles		
Provide a brief paragraph of why you feel you are qualified to operate a driving school and the vision that you have for your facility if approved.					

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Answer each of the questions below truthfully:			Yes (√)	No (√)
HAVE YOU EVER BEEN ARRESTED, DETAINED, CHARGED, INDICTED OR SUMMONED TO ANSWER AND APPEAR FOR ANY CRIMINAL OFFENSE, EXCLUDING MINOR TRAFFIC CITATIONS, IN THIS STATE OR ANY OTHER STATE?				
HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OFFENSES RELATED TO THE OPERATION OF A DRIVING SCHOOL?				
HAVE YOU EVER BEEN CONVICTED OF A CRIME INVOLVING VIOLENCE, DISHONESTY, DECEIT, INDECENCY OR AN OFFENSE INVOLVING MORAL TURPITUDE WITHIN THE LAST TEN YEARS?				
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME ENUMERATED IN R. S. 15:587.1(C) (THE CHILD PROTECTION ACT)?				
HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY OFFENSES INVOLVING CONTROLLED DANGEROUS SUBSTANCE(S) OR DRIVING WHILE INTOXICATED WITHIN THE LAST TEN YEARS?				
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 DENIAL OF YOUR APPLICATION.				
Offense/Conviction	Date of Offense/Conviction	City, State	Disposition (Attach certified copy of court disposition)	
Answer each of the questions below truthfully:			Yes (√)	No (√)
ARE YOU A CITIZEN OF THE UNITED STATES OR AN ALIEN WHO IS LAWFULLY PRESENT IN THE UNITED STATES AND A RESIDENT OF THE STATE OF LOUISIANA?				
ARE YOU AT LEAST 21 YEARS OF AGE?				
HAVE YOU EARNED AT LEAST A HIGH SCHOOL DIPLOMA OR GED?				
DO YOU CURRENTLY OWN OR HAVE YOU PREVIOUSLY OWNED A DRIVING SCHOOL?				
IF YES, HAS THE LICENSE EVER BEEN REVOKED OR SUSPENDED FOR VIOLATION OF RULES?				
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 _____				

DEPARTMENT USE ONLY							
(√)	Action Taken	Date	Initials	(√)	Action Taken	Date	Initials
	Electronic Check Performed				Application reviewed		
	Fingerprints Submitted				Certificate submitted		
	Background results received				DL record checked		
	Disposition Required						
	Disposition Submitted						
	Ok to License						
Fees Received <input type="checkbox"/> MO <input type="checkbox"/> CC <input type="checkbox"/> SC				Fees Received <input type="checkbox"/> MO <input type="checkbox"/> CC <input type="checkbox"/> SC			
#			\$	#			\$
	Fees Deposited				Fees Deposited		
Notes:							
Denied:_____				Approved:_____			