



*Louisiana Department of Public Safety*  
*Public Safety Services*  
*Office of Motor Vehicles*

## Application for Change of Address for a Driving School

Existing Location	New Address Information	
This address will be removed from the web site as a valid location for the school.	If the location will be utilized for road skills test, a new general liability insurance certificate and a new skills test route must be submitted.	
Name of Driving School	Services Provided - Check the appropriate boxes <div style="text-align: center;"> <input type="checkbox"/> 38 Hour Course                <input type="checkbox"/> 14 Hour Course                <input type="checkbox"/> 3rd Party Test Provider         </div>	
Building Name (if applicable)	Building Name (if applicable)	
School Physical Address	School Physical Address	
City, State, ZIP	City, State, ZIP	Parish
School Mailing Address	School Mailing Address	
City, State, ZIP	City, State, ZIP	
School Phone Number	School Phone Number	
School Fax Number	School Fax Number	
School Owner	Owner's Cell Phone Number	
	Number of Classrooms	Maximum Student Capacity
Any additional changes?		
<p><b>I hereby certify that the information contained in this application is accurate and true.</b></p>		
Signature of Owner		Date