



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

**RENEWAL APPLICATION FOR DRIVING SCHOOLS**

**School Information**

Name of Driving School		Main Office	Satellite Office	###	Temporary Location	Driving School License Number	Renewal Year
		38 Hour Course		3rd Party Tester		<SERVICES PROVIDED <CHECK CORRECT BOXES	<b>2014</b>
School Physical Address		City, State, ZIP		Parish		School Phone Number (    )	
School Mailing Address, if different		City, State, ZIP		School's Web site address		School Fax Number (    )	
School Owner			Owner's Cell Phone Number (    )		Owner's E-mail Address		

**Vehicle Information**

List all vehicles utilized in behind the wheel training.

Vehicles – VIN	Year/Make	Plate	Office Use Only

**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 and must ensure this agency will be notified of any cancellation of the policy.**



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Instructor Information

List all instructors for this location by Instructor license number and name. Check which services he/she will provide. Have him/her read the question in the last column, circle the response and sign. Any "yes" response must be accompanied by a certified copy of court dispositions on all offenses and convictions. Failure to include all information and records will result in the denial of license for the instructor.

Instructor Number	Name	Services Provided *				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 this state or any other state? Circle the Correct Response and Sign the Line		
		All	Class Room	BTW	Skills Tester			
						Yes	No	
						Yes	No	
						Yes	No	
						Yes	No	
						Yes	No	
						Yes	No	
						Yes	No	
						Yes	No	
						Yes	No	

\* All = Currently licensed for all Classroom = Classroom Instructor BTW= Behind the Wheel Instructor Skills Tester= 3<sup>rd</sup> party skills test examiner

I hereby certify that the statements made in this application are true and correct. @ \_\_\_\_\_ @ \_\_\_\_\_

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**Owner Signature**

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public Signature

Notary Public Printed Name

Notary Number