

Louisiana Department of Public Safety and Corrections

OFFICE OF MOTOR VEHICLES

Driving School Additional Location Application

EXISTING DRIVING SCHOOL INFORMATION			
Name of Driving School		Name of Owner	
NEW LOCATION INFORMATION			
Check the appropriate boxes			
<input type="checkbox"/> 38 Hour Course	<input type="checkbox"/> 6 Hour Course	<input type="checkbox"/> 3 rd Party Test Provider	
School Mailing Address	City	State	Zip
School Physical Address	City	State	Zip
Owner's Cell Phone Number	School Phone Number	School Fax Number	
VEHICLES IN NEW LOCATION			
VIN	YEAR	MAKE	PLATE
INSTRUCTORS IN NEW 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 or additional insured.			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 RRECORDS 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 Signature		_____ Notary Printed Name	_____ Notary ID #