

# Louisiana Department of Public Safety and Corrections

OFFICE OF MOTOR VEHICLES

## Application for Change of Address for a Driving School

<b>Name of Driving School</b>		<b>Name of Owner</b>	
Check the appropriate boxes:			
<input type="checkbox"/> 38 Hour Course	<input type="checkbox"/> 6 Hour Course	<input type="checkbox"/> 3 <sup>rd</sup> Party Test Provider	
<b>NEW LOCATION INFORMATION</b>			
School Physical Address	City	State	Zip
School Mailing Address	City	State	Zip
Owner's Cell Phone Number	School Phone Number	School Fax Number	
Number of Classrooms	Classroom Sizes		
<b>EXISTING LOCATION INFORMATION (Address School is Moving From)</b>			
School Physical Address	City	State	Zip
School Mailing Address	City	State	Zip
<p>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"/></p> <p>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.</p>			
<b><u>Offense/Conviction</u></b>	<b><u>Date of Offense/Conviction</u></b>	<b><u>City, State</u></b>	<b><u>Disposition (Attach certified copy of court disposition)</u></b>
Notes or Comments?			
<p><b>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.</b></p>			
<hr style="width: 80%; margin: 0 auto;"/> Signature of Owner		<hr style="width: 80%; margin: 0 auto;"/> Date	