



Registry of Motor Vehicles Division • Driver Licensing  
P.O. Box 55889 • Boston, MA • 02205-5889

# Application for Driver School License

<b>Check Appropriate Box:</b>	
<input type="checkbox"/> Professional Driving School (PDS)	<input type="checkbox"/> Driver Skills Development Program (DSDP)
<input type="checkbox"/> Professional CDL Training School	<input type="checkbox"/> Public/Vocational/Municipal/Regional High School
<b>Main Application</b>	<b>Branch/Additional Training Site Application</b>
<input type="checkbox"/> Initial Application Fee \$50	<input type="checkbox"/> Initial Application Fee \$50
<input type="checkbox"/> Initial License Fee \$100	<input type="checkbox"/> Initial License Fee \$50
<input type="checkbox"/> Renewal Fee \$100	<input type="checkbox"/> Renewal Fee \$50
<input type="checkbox"/> Change of Location \$50	<input type="checkbox"/> Change of Location \$50

Business Name of School: \_\_\_\_\_ Date: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_ FID #: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Driving School Website: \_\_\_\_\_

**Mailing Address (if different from above):**

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*Classroom Address (if different from above)**

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*PDS Branch Location / CDL or DSDP Closed Course Location (if applicable):**

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\*If classroom is located in a high school – Name of School: \_\_\_\_\_

**NOTE- A copy of a rental agreement or contract from the appropriate local school authority authorizing your school to teach driver education for school pupils is required.**

Check One: Proprietor  Partnership  Corporation

List Proprietor, Partners or all Officers, Directors, and Shareholders below:

NAME	ADDRESS	TITLE	DOB	LICENSE #
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*(If additional space required, please use separate piece of paper)*

Were any of the above individuals previously licensed for a Driving School? YES  NO

If yes, under what Driver School name and ID#? \_\_\_\_\_

List below all licensed instructors employed by the applicant:

NAME	ADDRESS	DOB	LICENSE #
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*(If additional space required, please use separate piece of paper)*

List all other employees including Clerks, Managers, Agents, or others who will represent the applicant below:

NAME	ADDRESS	DOB	LICENSE #
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*(If additional space required, please use separate piece of paper)*

Are you or any partner, officer or Director (if a corporation) currently or have you ever been employed with the Massachusetts Department of Transportation or Registry of Motor Vehicles? YES  NO

Do you have any immediate family members (parents, spouse, children, brothers, sisters) employed with the Massachusetts Department of Transportation or Registry of Motor Vehicles? YES  NO

**\*All Proprietors, Partners, Officers, Directors, Shareholders, Instructors, and all additional employees are subject to a CORI (Criminal Offender Record Information) check and driving record check.**

List all vehicles used by the applicant for instruction purposes below:

YEAR	MAKE	REGISTRATION #:	VIN #:
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*(If additional space required, please use separate piece of paper)*

**ADDITIONAL REQUIRED DOCUMENTATION:**

**Professional Driving Schools / CDL Training Schools / Driver Skills Development Programs**

**Initial application:**

- If incorporated: Articles of Corporation (issued by the Office of the Secretary of State)
- Current Business Certificate (issued by local municipality)
- Current Certificate of Occupancy (issued by local municipality) for the business office and classroom if located at a different location than the business office  
*\*If not issued by local municipality a letter on official letterhead indicating that no such certificate is issued.*
- If a high school classroom, branch location, or off-road training site: A copy of a rental agreement or contract from the appropriate authority authorizing your school to teach driver education at that site.
- Original Performance Bond (copies will not be accepted)
- If any proprietor, partner, officer, or director listed on the application resides out of state, they must provide an original or certified copy of their criminal history background from their home state or residence that is no more than 30 days old from the date of issuance

**CDL Training Schools**

- Department of Education Authorization

**Renewal application:**

- Current Certificate of Occupancy (issued by local municipality) for the business office and classroom if located at a different location than the business office  
*\*If not issued by local municipality a letter on official letterhead indicating that no such certificate is issued.*
- If a high school classroom, branch location, or off-road training site: A copy of a rental agreement or contract from the appropriate authority authorizing your school to teach driver education at that site.
- Current Performance Bond if Applicable
- If any proprietor, partner, officer, or director listed on the application resides out-of-state, they must provide an original or certified copy of their criminal history background from their home state or residence that is no more than 30 days old from the date of issuance

I agree to ensure that the licensed driving school will comply with all provisions of Massachusetts General Laws (MGL), and all Regulations, policies, and guidelines established by the Registry of Motor Vehicles for the operation of driving schools and the employment of driving instructors, and specifically, MGL Chapter 90, Section 32G *Licensing for Driver Instruction*, MGL Chapter 90, Section 32G½ *Advanced Driver Training Program Certification*, 540 CMR 23.00 *Licensing, Certification and Operating Requirements for Driving Instructors and Driving Schools*, and the Registry of Motor Vehicles *Guidelines for Professional Driving Schools and Driving School Instructors*, all as amended from time to time.

I, the undersigned, hereby certify that I am \_\_\_\_\_ (Title) of the above driving school and that the information contained in this application is true to the best of my knowledge and belief.

Applicant Name: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_  
(Proprietor, Partner or Officer)

*False statements are punishable by fine, imprisonment, or both (Chapter 90, Section 24)*

**The following is to be executed by your insurance company or its agent:**

The company Signatory hereto, hereby certifies that, it has issued to the Motor Vehicle Registrant, herein before indicated, a Policy Bond or Binder, in conformity with the provisions of Massachusetts General laws, C. 90, Section 1A, C. 175, Section 113A, covering the above described commercially registered vehicles and that the premium charged thereon is at the rate fixed and established for automobiles used for driving instructions.

\_\_\_\_\_  
(Authorized Signature) (Date Issued)

Insurance company stamp: \_\_\_\_\_

**Submit completed application to:**

Registry of Motor Vehicles  
Driver Licensing  
P.O. Box 55889  
Boston, MA 02205-5889

**(FOR OFFICE USE ONLY)**

DATE REC \_\_\_\_\_

SITE ASSESSMENT: \_\_\_\_\_ APPROVED: \_\_\_\_\_

Batch Number: \_\_\_\_\_ ISSUED: \_\_\_\_\_ EXP: \_\_\_\_\_