REGISTRY OF MOTOR VEHICLES

Application for Driver School License

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

IMPORTANT: This application must be completed, signed and dated. An incomplete application will be returned.

A. Professional Driving School Information

Business Name of School	DBA (if applicable)
Contact Person	Federal Identification Number

Main Business Address
Street City/Town Zip Code Phone #

Driving School Website | Email Address

Mailing Address ☐ (if different from above)
Street City/Town Zip Code

*Main Classroom Address ☐ (if different from above)
Street City/Town Zip Code

*PDS Branch Location/CDL or DSDP Closed Course Location (if applicable)
Street City/Town Zip Code

Phone # | *If classroom is located in a high school – Name of High School

B. Service Type

1. Type: ☐ Professional Driving School (PDS) ☐ Professional CDL Training School ☐ Driver Skills Development Program (DSDP) ☐ Public/Vocational/Municipal/Regional High School

2. Main Application Fees: ☐ New Application/ New License $150 ☐ Renewal $100 ☐ Change of Location $100

3. Branch/Additional Training Site Application Fees: ☐ New Application/ New License $100 ☐ Renewal $50 ☐ Change of Location $100

C. Professional Driving School Details

Check One: ☐ Proprietorship ☐ Partnership ☐ Corporation

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

Name	Address	Title	DOB	License #

If additional space is required, please use a 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# and what dates?

List all licensed instructors employed by the applicant below:

Name	Address	DOB	License #

If additional space is required, please use a separate piece of paper.

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

Name	Address	DOB	License #

If additional space is required, please use a separate piece of paper.

Are you or any partner, officer, or Director currently (or have ever been) employed with the Massachusetts Department of Transportation or Registry of Motor Vehicles? ..... ☐ Yes ☐ No

If yes, where? _____

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

If yes, where? _____

***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 #

If additional space is required, please use a separate piece of paper.

D. Additional Required Documentation

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

New Application

- ☐ If incorporated: Articles of Corporation (issued by the Office of the Secretary of State)
- ☐ Current Business Certificate (issued by local municipality) if registered as Sole Proprietor or functioning as DBA
- ☐ Current Certificate of Occupancy with occupant number (issued by local municipality) for the business
- ☐ Legal Lease/ Rental Agreement
- ☐ CORI Form for all employees listed on application

  If any employee 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 date of issuance. Instructors that reside out-of-state must also include an out-of-state driving record (issued within 30 days).
- ☐ Original Performance Bond (copies will not be accepted)
- ☐ Copy of Proposed Curriculum

CDL Training Schools (in addition to all of the above requirements)

- ☐ Division of Professional Licensure Authorization

Renewal application

- ☐ If incorporated: Articles of Corporation are ONLY required if there are changes in business name, address, or ownership
- ☐ Current Business Certificate (issued by local municipality) if registered as Sole Proprietor or functioning as DBA
- ☐ Annual Certificate of Inspection (issued by local municipality) for the business
- ☐ Legal Lease/ Rental Agreement
- ☐ Current Performance Bond or Continuation Certificate
- ☐ CORI Form for all employees only required for administrative office

  If any employee 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 date of issuance. Instructors that reside out-of-state must also include an out-of-state driving record (issued within 30 days).

E. Certification and Signature of Applicant (application not complete without signature)

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.

SIGN

Applicant Name: _____ Signature of Applicant: _____

(Proprietor, Partner or Officer)

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

F. Certification and Signature of Insurance Company or Its Agent

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.

SIGN

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 Received: _____ Site Assessment _____ Approved: _____

Criminal Offender Record Information (CORI) Acknowledgment Form

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 |

To be used by organizations conducting CORI checks for employment or licensing purposes.

The Massachusetts Registry of Motor Vehicles is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to DCJIS. I hereby acknowledge and provide permission to the Massachusetts Registry of Motor Vehicles to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Massachusetts Registry of Motor Vehicles with written notice of my intent to withdraw consent to a CORI check.

I also understand, that the Massachusetts Registry of Motor Vehicles may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGN

_____ _____

Signature of CORI Subject *Date*

A. Applicant Information

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (*) are required.

*First Name	*Last Name	Middle Name	Suffix

Former Last Name #1	Former Last Name #2
Former Last Name #3	**Former Last Name #4**

*Date of Birth (MM/DD/YYYY)	Place of Birth	*Last **SIX** digits of Social Security Number (SSN)? ☐ No SSN

Gender ☐ M ☐ F	Height (feet, inches)	Eye Color	Race

Driver's License of ID Number	State of Issue
Father's Full Name	**Mother's Full Name**

Current Address

* Residential Address (Where you actually reside)

Street Apt. # *City *State Zip Code

B. Notarization Section – this section must be completed by a notary public

"On this ____ day of _____ , 20 __ , before me, the undersigned notary public, _____ (name of applicant) personally appeared, proved to me through satisfactory evidence of identification, which were _____, to be the person who signed the preceding or attached document in my presence and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

Seal of Notary Public

SIGN

Notary Public Signature _____

Commonwealth of Massachusetts

County of _____

Commission Expires: _____