



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			FID #	
Main Business Address				Phone #
Street	City/Town	Zip Code		
Driving School Website		Email Address		
Mailing Address <input type="checkbox"/> (if different from above)				
Street	City/Town	Zip Code		
*Main Classroom Address <input type="checkbox"/> (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 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 \$50 New License \$100 Renewal \$100 Change of Location \$50
3. Branch/Additional Training Site Application Fees: New Application \$50 New License \$100 Renewal \$100 Change of Location \$50

C. Professional Driving School Details

Check One: Proprietorship Partnership Corporation

List Proprietor, Partners of all 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 (if a corporation) currently or have you 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)
- 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
- Copy of Proposed Curriculum
- CORI Form for all persons on application

CDL Training Schools

- Division of Professional Licensure 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 or Continuation Certificate
- 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

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.

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.

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.

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)? <input type="checkbox"/> No SSN	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Height (feet, inches) Ft. In.	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

Notary Public Signature _____

Commonwealth of Massachusetts

County of _____

Commission Expires: _____