



Application for Driver's School License

Please complete both sides of the application. Print in ink.

- | | |
|---|---|
| <input type="checkbox"/> Application Filing Fee (not refundable)-\$200.00 | <input type="checkbox"/> Change of Officers-\$20.00 |
| <input type="checkbox"/> Primary Facility-\$150.00 | <input type="checkbox"/> Change of Name-\$20.00 |
| <input type="checkbox"/> Branch Facility-\$150.00 | <input type="checkbox"/> Duplicate School License \$20.00 |
| <input type="checkbox"/> Renewal (Primary or Branch) \$150.00 | <input type="checkbox"/> Change of Address \$20.00 |
| <input type="checkbox"/> Video Use/Curriculum Changes | <input type="checkbox"/> OTHER: _____ |

(Must provide cd/dvd with application, also explain in additional information)

| | |
|--|---------------|
| Name of School (as appears on surety bond) | School Number |
|--|---------------|

| | |
|--|--------------------|
| Street Address (For action indicated above.) | Suite Number/Floor |
|--|--------------------|

| | | | |
|------|--------|-------|----------|
| City | County | State | Zip Code |
|------|--------|-------|----------|

| | |
|------------------|------------|
| Telephone Number | Fax Number |
|------------------|------------|

| | |
|------------------------------|-------------|
| Email Address (MUST PROVIDE) | Web Address |
|------------------------------|-------------|

PLEASE LIST ALL OWNERS, PARTNERS, AND OFFICERS OF CORPORATION BELOW:

| | | |
|------------------------------------|----------|-------------------------|
| Name of Owner, Partner, or Officer | Position | Driver's License Number |
|------------------------------------|----------|-------------------------|

| | | | |
|--------------|------|--------|-----|
| Home Address | City | County | Zip |
|--------------|------|--------|-----|

| | | |
|-------------------------------|--------------|------------------------------|
| Date of Birth(Month/Day/Year) | Phone Number | Email Address (Must Provide) |
|-------------------------------|--------------|------------------------------|

| | | |
|------------------------------------|----------|-------------------------|
| Name of Owner, Partner, or Officer | Position | Driver's License Number |
|------------------------------------|----------|-------------------------|

| | | | |
|--------------|------|--------|-----|
| Home Address | City | County | Zip |
|--------------|------|--------|-----|

| | | |
|-------------------------------|--------------|------------------------------|
| Date of Birth(Month/Day/Year) | Phone Number | Email Address (Must Provide) |
|-------------------------------|--------------|------------------------------|

| | | |
|------------------------------------|----------|-------------------------|
| Name of Owner, Partner, or Officer | Position | Driver's License Number |
|------------------------------------|----------|-------------------------|

| | | | |
|--------------|------|--------|-----|
| Home Address | City | County | Zip |
|--------------|------|--------|-----|

| | | |
|-------------------------------|--------------|------------------------------|
| Date of Birth(Month/Day/Year) | Phone Number | Email Address (Must Provide) |
|-------------------------------|--------------|------------------------------|

Has the applicant been previously licensed to operate a Driver's School? Yes No

If **yes**, was the license revoked? Yes No If yes, when? _____

Has any owner, partner, or corporate officer, listed ever been convicted of any violation of the Motor Vehicle laws in any state or territory?
 Yes No If **yes**, please explain in additional information section.

Has any owner partner or corporate officer, listed ever been convicted of a crime, other than traffic violations, in any state or territory?
 Yes No If **yes**, please explain in additional information section.

Has any owner partner or corporate officer, listed ever been convicted of a any violation of the Driver's School License Law as provided in Section 15-710 of the Transportation Article? Yes No If **yes**, please explain in additional information section.

Has any owner partner or corporate officer, listed ever been convicted of any crime of moral turpitude in any state or territory? Yes No
If **yes**, please explain in additional information section.

Are any owners, partners, or corporate officers currently employed by the State of Maryland? Yes No

If so, what agency? _____

If your request requires additional information, please supply here: _____

Signator Certification: It is illegal for anyone to give false or fictitious information for a Driver's School License. Since this certification is considered part of the application, anyone who provides or certifies to a false or fictitious statement or information herein may be prosecuted and/or have his or her license cancelled.

I/we certify under penalty of perjury, that the information stated herein is true and correct to the best of my/our knowledge, information and belief.

| | | |
|-----------------------|-------|------|
| Applicant's Signature | Print | Date |
|-----------------------|-------|------|

Primary Facility Information Only

The individuals listed below are authorized to sign on behalf of the Driver's School:

| | |
|------|-----------|
| Name | Signature |



Apply to register to vote with your driver's license transaction. For details ask your customer service representative.