

## **CHECKLIST FOR DRIVER EDUCATION PROGRAM BRANCH RENEWAL**

Enclosed is the renewal packet for the upcoming 2-year licensing. Applications must be completed and returned to this office no later than 15 days prior to the date on which your school branch Wall License will expire. All forms must be completed in full.

**APPLICATION:** Please submit completed application for your Branch Classroom providing all of the necessary information. Please be sure to complete the application in it's entirety.

**FEE:** A renewal fee of \$135.00 for each branch location must be submitted with your renewal application.

On your check or money order, you **MUST** include on the face of the check:

1. NAME AND ADDRESS
2. PHONE NUMBER
3. SCHOOL NUMBER
4. MADE PAYABLE TO MVA

If you have any questions regarding the renewal of your school license(s), please contact Driver Education Program at 410-768-7482 or 410-424-3751.

**Application for Driver's School License**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Application Filing Fee (not refundable) - \$180.00 | <input type="checkbox"/> Change of Officers - \$20.00       |
| <input type="checkbox"/> Primary Facility - \$135.00                        | <input type="checkbox"/> Change of Name - \$20.00           |
| <input type="checkbox"/> Branch Facility - \$135.00                         | <input type="checkbox"/> Duplicate School License - \$20.00 |
| <input type="checkbox"/> Renewal (Primary or Branch) - \$135.00             | <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	
<b>PLEASE LIST ALL OWNERS, PARTNERS, AND OFFICERS OF CORPORATION BELOW:</b>			
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

Name

Signature

Name

Signature

Name

Signature



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