

# Checklist for Primary Driver Education School 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 Wall License will expire. All forms must be completed in full.

- APPLICATION:** Please submit completed application for your Primary Office and Classroom providing all of the necessary information. Please be sure to complete the application in its entirety.
- CRIMINAL BACKGROUND CHECK:** A new Criminal Request form for each owner/partner will be needed with each Primary Office and Classroom renewal only. Please complete the enclosed form and return with your renewal.
- LIST OF INSTRUCTORS:** Provide a list of instructors currently at your school along with their instructor or apprentice badge number.
- LIST OF DRIVER TRAINING VEHICLES:** Provide a list training vehicles used by your school, this list must contain year, make, VIN# and tag of vehicles. A Certificate of Inspection is required yearly for each vehicle. Please complete a training vehicle form to delete any unused vehicles and return with your renewal packet, or please complete a training vehicle form to add, and submit with a copy of the registration card and any other necessary documents.
- CERTIFICATE OF INSURANCE:** Contact your insurance company and obtain a Certificate of Insurance for your Vehicle Liability, General Liability, Surety Bond and Workman's Compensation. Enclosed is a sample of the required form. Certificate must be dated no more than 30 days old.
- CERTIFICATE OF GOOD STANDING:** Contact the Maryland State Department of Taxation and Assessments to obtain an original "Certificate of Good Standing" to indicate no outstanding tax obligations. Certificate must be dated no more than 30 days old.
- FEE:** A renewal fee of \$150.00 for your Primary office and classroom 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)-\$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
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Street Address (For action indicated above.)	Suite Number/Floor
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City	County	State	Zip Code
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Telephone Number	Fax Number
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Email Address (MUST PROVIDE)	Web Address
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**PLEASE LIST ALL OWNERS, PARTNERS, AND OFFICERS OF CORPORATION BELOW:**

Name of Owner, Partner, or Officer	Position	Driver's License Number
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Home Address	City	County	Zip
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Date of Birth(Month/Day/Year)	Phone Number	Email Address (Must Provide)
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Name of Owner, Partner, or Officer	Position	Driver's License Number
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Home Address	City	County	Zip
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Date of Birth(Month/Day/Year)	Phone Number	Email Address (Must Provide)
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Name of Owner, Partner, or Officer	Position	Driver's License Number
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Home Address	City	County	Zip
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Date of Birth(Month/Day/Year)	Phone Number	Email Address (Must Provide)
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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
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**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.





**MVA Criminal Record Request Form**

Please place your photo driver's license below and photocopy.

By my signature, I authorize the Motor Vehicle Administration to perform a criminal background check.

Signature

Date

Name of Business

Type of License:  Dealer  Salesman  Professional Driver Instructor  Title Service Agent  Other

**Instructions for Criminal Background Request**

This form is to be used for the processing of your Maryland criminal background check. At the present time no fee will be charged for this service.

**Maryland Residents:**

This form must accompany all applications from licensees or anyone with a financial interest in a business.

- Photocopy a clear legible copy of either your Maryland Photo Driver's License or a Maryland Photo ID card on the front of this form.
- If you have a change of address that does not appear on your license or your ID, please note it on the form.
- Sign the photocopy.
- The photocopy which contains your original signature must be submitted with your application to the Motor Vehicle Administration.

**Out of State Residence:**

- Applicants will be required to request Criminal Justice Information System background checks from the appropriate Law Enforcement Agency in their state of residence.
- The background checks should not be sent directly from the appropriate Law Enforcement Agency to the Motor Vehicle Administration.
- For identification purposes you must submit a clear legible copy of your out-of-state driver's license or a Photo ID on this form.

**MVA Use Only:**

**DRIVER EDUCATION PROGRAM  
TRAINING VEHICLE FORM**

\_\_\_\_\_ School Name \_\_\_\_\_ School Number

\_\_\_\_\_ ADD VEHICLE \_\_\_\_\_ DELETE VEHICLE

\_\_\_\_\_ Vehicle Identification Number (VIN) \_\_\_\_\_ Tag # (Perm/Temp)  
Note: This form must be submitted before a vehicle may be used for training. If a temporary tag number is provided, a new form must be submitted when the permanent tag is received.

\_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Title #

\_\_\_\_\_ Vehicle Owner's Name (Please print)

I certify the above vehicle is equipped with (complete only if adding a vehicle):

\_\_\_\_\_ Instructor Brake Pedal  
Initial

\_\_\_\_\_ Instructor Clutch Pedal (if manual transmission)  
Initial

\_\_\_\_\_ Instructor's mirror as required in COMAR  
Initial

\_\_\_\_\_ "Student Driver" sign affixed to the rear of the vehicle  
(as per COMAR)  
Initial

\_\_\_\_\_ Signs with school name & telephone number affixed to both sides  
of the vehicle.  
Initial

I certify that the vehicle listed above meets the requirements as set forth in Maryland Vehicle Law and the Code of Maryland Agency Regulations (COMAR). Enclosed is a copy of the Maryland State Inspection Certificate (not required for new vehicles titled within the same year of the manufacturer's certificate of origin) proof of insurance, and a copy of the vehicle's registration card.

\_\_\_\_\_ School authorized official (Print)

\_\_\_\_\_ Title

\_\_\_\_\_ (Sign)

\_\_\_\_\_ Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>GECO Insurance Agency, Inc.</b> 1 GECO Blvd Fredericksburg, VA 22412	CONTACT NAME <b>GECO Insurance Agency, Inc.</b>	
	PHONE (A/C No., Ext) _____ FAC (A/C No.) _____	
E-MAIL ADDRESS _____		
INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: <b>NATIONAL INDEMNITY COMPANY</b>	<b>20087</b>
	INSURER B: _____	_____
	INSURER C: _____	_____
	INSURER D: _____	_____
	INSURER E: _____	_____

COVERAGES      CERTIFICATE NUMBER: **74,387**      REVISION NUMBER: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COM/OP AGG \$ _____
A	<b>AUTOMOBILE AUTHORITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				05/01/2014	05/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ <b>N/A</b> BODILY INJURY (Per Person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> COE <input type="checkbox"/> RETENTIVE						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <b>Y/N</b> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATION below						VC STATUTORY LIMITS    OTHER E. L. EACH ACCIDENT \$ _____ E. L. DISEASE - EA EMPLOYEE \$ _____ E. L. DISEASE - POLICY LIMIT \$ _____

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Year, Make, Model, VIN	Collision	Comp or Spec. Caus	Stated Amount	Phys. Dam Deductible	In-Tow Limit	Cargo Limit
	Covered	C	24,320	500/500	N/A	N/A

CERTIFICATE HOLDER <b>MOTOR VEHICLE ADMINISTRATION</b> 6601 RITCHIE HIGHWAY, NE GLEN BURNIE, MD 21062	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE _____
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