

Checklist for Driver Education School Branch Classroom Application

- Application for branch
- Zoning form
- Fire Inspection form



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

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.





Motor Vehicle Administration

ZONING APPROVAL FORM FOR DRIVER EDUCATION
CLASSROOM

The Motor Vehicle Administration, in accordance with agency regulations 11.23.01 and 11.23.02, requires zoning approval for all classroom facilities used by drivers'/driver education schools.

Please consider these specifications when issuing zoning approval and completing this form.

This classroom:

- Will be used as an educational institution.
 - Will not require parking lot spaces for the students because they are not yet licensed to drive.
 - Will be furnished with a chair and writing surface for each student
 - Will require space for instructional equipment such as a television, VCR, overhead projector, screen etc.
 - Will allow space for the instructor's desk and for the instructor to utilize the equipment.
 - Will allow storage space for books, papers, etc.
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PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

ZONING APPROVAL FORM FOR DRIVER EDUCATION CLASSROOM

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THIS SECTION TO BE COMPLETED BY APPLICANT AND PRESENTED AT THE TIME OF APPROVAL TO THE LOCAL ZONING AUTHORITIES.

Drivers'/Driver Education School Name: _____

Site Address: _____

City: _____ County: _____ State: MD

Zip Code: _____ Phone Number: _____

THIS SECTION TO BE COMPLETED BY THE LOCAL ZONING OFFICIAL VERIFYING THAT THE SITE LISTED ABOVE HAS MET ALL LOCAL ZONING REQUIREMENTS OF A DRIVERS'/DRIVER EDUCATION SCHOOL CLASSROOM.

This site does _____ does not _____ meet local zoning requirements including the issuance of a use and occupancy permit, if required.

Was this site evaluated as described on Page 1 of this form? _____

Signature: _____ Date: _____

Printed Name _____ Official Title: _____

Phone Number: _____ Jurisdiction: - _____

ALL BLANKS MUST BE COMPLETED.



Motor Vehicle Administration

**FIRE SAFETY CERTIFICATION OF COMPLIANCE FORM FOR DRIVER EDUCATION
CLASSROOM**

The Motor Vehicle Administration, in accordance with agency regulations 11.23.01 and 11.23.02, requires a fire safety certification for all classroom facilities used by drivers'/driver education schools.

THIS CLASSROOM MUST BE CERTIFIED ONLY AFTER THE CLASSROOM HAS BEEN COMPLETEY FURNISHED, EQUIPPED, AND SET UP FOR DRIVER EDUCATION CLASSES.

Please certify this site recognizing these specifications and complete this form.

This classroom:

- Will be used as an educational institution.
- Must meet the requirements of a drivers'/driver education classroom as stated in National fire Protection Association (NFPA) Chapter 38, Building Officials and Code Administrators (BOCA) Chapter 304, and/or any other relevant code, statute, or regulation.
- Will be furnished with a chair and writing surface for each student.
- Will require space for instructional equipment such as television, VCR, overhead projector, screen, etc.
- Will allow space for the instructor's desk or podium and for the instructor to utilize the equipment.
- Will allow storage space for books, papers, etc.

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

FIRE SAFETY CERTIFICATION OF COMPLIANCE FORM FOR DRIVER EDUCATION
CLASSROOM

Page 2

THIS SECTION TO BE COMPLETED BY THE APPLICANT AND PRESENTED AT THE TIME OF CERTIFICATION TO THE LOCAL FIRE SERVICE AUTHORITIES.

Drivers'/Driver Education School

Name: _____

Site Address: _____

City: _____ County: _____ State: _____

Zip Code: _____ Phone Number: _____

THIS SECTION IS TO BE COMPLETED BY THE FIRE SAFETY OFFICIAL TO VERIFY THAT THE SITE LISTED ABOVE HAS MET ALL LOCAL SAFETY REQUIREMENTS OF A DRIVER'S/DRIVER EDUCATION SCHOOL CLASSROOM.

This site does _____ does not _____ meet the requirements of a drivers'/driver education classroom as stated in National Fire Protection Association (NFPA) Chapter 38, Building Officials Code Administrators (BOCA) Chapter 304, and/or other relevant codes, statutes, and/or regulations.

Was this site certified allowing for the specifications listed on Page 1 of this form?

What is the maximum number of students permitted in the classroom? _____

Signature: _____ Date: _____

Printed Name: _____

Official Title: _____ Phone Number: _____

Jurisdiction: _____

PLEASE INCLUDE A MAXIMUM OCCUPANY NUMBER.

ALL BLANKS MUST BE COMPLETED.