



## Application for a License to Conduct a Private Driver Training School

Please be advised that incomplete applications may be returned to the school and may result in a delay or denial of licensure. Please type or print in blue or black ink. Submit completed applications to the following address:

Pennsylvania Department of Education  
Private Driver Training Schools  
607 South Drive, 5th Floor  
Harrisburg, PA 17120

**The following information MUST be submitted with this application:**

- \_\_\_\_\_ Check or money order, made payable to the “Pennsylvania Department of Revenue” to cover the appropriate fees:
  - For each licensed school and each licensed classroom site.....\$500
    - Schools that have more than one licensed classroom site will be charged \$500 for each additional classroom site.
  - For each instructor.....\$30
  - For each vehicle.....\$10
  - For each agent.....\$5
  
- \_\_\_\_\_ A Pennsylvania Child Abuse History Clearance for each person who is directly connected with the conduct and operation of the educational program
  
- \_\_\_\_\_ An original Pennsylvania State Police Criminal Record Check for each person who is directly connected with the conduct and operation of the educational program
  
- \_\_\_\_\_ 3M Cogent Registration ID for each person who is directly connected with the conduct and operation of the educational program (for more information related to background checks, please see instructions on the Safety and Driver Education website)
  
- \_\_\_\_\_ An original 3-Year Driving Abstract from the Pennsylvania Department of Transportation for each teacher
  
- \_\_\_\_\_ A *Professional Staff Application* and supporting documents for each teacher, driving school director and agent
  
- \_\_\_\_\_ A *Vehicle Application* and a Certificate of Insurance for each vehicle used in the driving program
  
- \_\_\_\_\_ Evidence that a fictitious name is registered with the Department of State
  
- \_\_\_\_\_ Articles of Incorporation

\_\_\_\_\_ A statement certifying that persons employed by and/or directly connected with the conduct and operation of schools are not addicted to the use of alcoholic liquors, morphine, cocaine or other drugs that have a similar effect and shall not be mentally incompetent

\_\_\_\_\_ Documentary evidence that the private driver training school owner or director has a minimum of two years of successful driver education teaching experience in a private driver training school, private high school or public high school. The documentary evidence shall set forth the names of the schools or classes and the place, dates and length of instructional service, including a statement from the official head of the school or class certifying that the teaching experience was successful and attesting to the place, dates and length of the service.

\*\*\*For each proprietor or each member of a partnership, or each officer and director of a corporation that owns a school and who is directly connected with the conduct and operation of the educational program, provide the following:

\_\_\_\_\_ A statement certifying that the applicant is of good moral character and at least 18 years of age.

\_\_\_\_\_ A list of names addresses and daytime telephone numbers of three persons serving as character references, none of whom are related to the applicant or are in any way connected to the school in which the applicant is seeking employment.

\_\_\_\_\_ Course outline(s) and Prospectus of ALL Fees/Charges

<p><b>The following information <u>MUST</u> be submitted with this application <u>ONLY</u> if you are seeking a license to provide classroom training.</b></p>
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\_\_\_\_\_ Floor plan of the building, clearly showing the classroom, restrooms and exits, if seeking approval for five or more persons per session (please note: plans to be drawn to a scale of 1/8" or larger with the classroom dimensions shown)

\_\_\_\_\_ Certificate of Occupancy for the building that contains the classroom, if seeking approval for five or more persons per session

\_\_\_\_\_ Copy of a lease or contract for utilization of the classroom space or business location, if not operating from one's home address

**Private Driver Training School Information**

You **MUST** complete all blanks. Address of school should be the mailing address. Other locations should be noted in the section titled "Requesting Approval to Provide the Following Course(s) or Program(s)."

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_  
(Street) (City) (ZIP Code)

County \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)

Email Address \_\_\_\_\_

Name of Driving School Director (if applicable) \_\_\_\_\_  
(Must have two years of successful experience teaching driver education)

School Website (if applicable) \_\_\_\_\_

**Ownership Information**

Please note that any legal notifications from the Pennsylvania Department of Education will be sent to the person(s) listed below. Please indicate the type of school ownership and provide the appropriate name(s) and address (es).

\_\_\_\_\_ Sole Owner                      \_\_\_\_\_ Partnership                      \_\_\_\_\_ Corporation

Name of: \_\_\_\_\_ Owner, \_\_\_\_\_ Partner, \_\_\_\_\_ President, **OR** \_\_\_\_\_ CEO (check one and insert name below)

Home Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)

Name of: \_\_\_\_\_ Partner                      **OR**                      \_\_\_\_\_ Treasurer (check one and insert name below)

Home Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)

Name of: \_\_\_\_ Partner     **OR**     \_\_\_\_ Secretary (check one and insert name below)

Home Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)

**Requesting Approval to Provide the Following Course(s) or Program(s)**  
Check each type of approval for which you are applying. Submit a Course Outline Detailing Objectives for Each Hour of Instruction and a Prospectus that describes **ALL** Fees/Charges.

- \_\_\_\_\_ Behind-the-wheel instruction consisting of six hours of training
- \_\_\_\_\_ Classroom instruction consisting of 30 hours of theory for teenagers
- \_\_\_\_\_ Combined program consisting of 30 hours of theory and six hours of behind-the-wheel instruction for a regular driver's license at age 17 ½
  - \_\_\_\_\_ Classroom instruction at the above address to teach four or fewer students per session
  - \_\_\_\_\_ Classroom instruction for five or more students per session at the following locations (Certificate of Occupancy is required):

\_\_\_\_\_  
Name of Building for Classroom #1 (Street) (City) (ZIP Code)

\_\_\_\_\_  
Name of Building for Classroom #2 (Street) (City) (ZIP Code)

\_\_\_\_\_  
Name of Building for Classroom #3 (Street) (City) (ZIP Code)

**Entrance Requirements for Course(s).**

**Name(s) of Classroom Instructor(s).**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Name(s) of Textbook(s) Used With The Course.**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

<b>Check All Items Which Are Available For School Staff and Students</b>
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\_\_\_\_\_ Teacher's Desk and Chair

\_\_\_\_\_ Overhead Projector/Screen

\_\_\_\_\_ File Cabinet

\_\_\_\_\_ Toilet Facilities

\_\_\_\_\_ Tests

\_\_\_\_\_ Simulators

\_\_\_\_\_ Computers

\_\_\_\_\_ Bulletin Board

\_\_\_\_\_ Automobile(s)

\_\_\_\_\_ Reference Materials

\_\_\_\_\_ Magnetic Automobile Boards

\_\_\_\_\_ Textbooks

\_\_\_\_\_ Writing Board

\_\_\_\_\_ TV and VCR

\_\_\_\_\_ Chair and Desk for Each Student

\_\_\_\_\_ Required Heating and Lighting

\_\_\_\_\_ Audio-Visual Aids/Videos

\_\_\_\_\_ Others: \_\_\_\_\_

**Affidavit**

Please be certain that proper signatures are provided and that the application is notarized.

I/We certify that the foregoing statements are true and correct to the best of my/our knowledge and belief. I/We have read the Private Driver Training Schools Act, 24 P.S. § 2831 et seq., and supporting regulations found at 22 Pa. Code, Chapter 101 and certify that I /We will comply with all requirements.

\_\_\_\_\_  
Signature of Owner, Partner, President, Driving School Director or Chief Executive Officer

\_\_\_\_\_  
Signature of Partner or Corporate Treasurer

\_\_\_\_\_  
Signature of Partner or Corporate Secretary

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_

Check/Money Order #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Log #: \_\_\_\_\_

Date Receipt Letter Mailed: \_\_\_\_\_ Date Licenses Mailed: \_\_\_\_\_