



Private Driver Training School – Vehicle Application

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 Items *MUST* Be Submitted with this Application when *ADDING* a Vehicle to Your Fleet.

- _____ Check or money order made payable to the Pennsylvania Department of Revenue for one of the following:
 - Initial license fee.....\$10
 - Transfer fee.....\$5

- _____ Certificate of Insurance that shows the year, make, serial number, and registration plate of the vehicle, expiration date of the coverage, the amounts of medical payment, property damage and public liability coverage carried under that certificate. List the Certificate Holder as: Pennsylvania Department of Education, Private Driver Training Schools, 607 South Drive, Fifth Floor, Harrisburg, PA 17120.

- _____ Copy of automobile title for 2012 and 2013 vehicles to determine the 8-year expiration date

Private Driver Training School Information

You *MUST* complete all blanks. Address of school should be the mailing address.

Name of School _____ Reporting Code _____

Address of School _____
(Street) (City) (ZIP Code)

County _____ Phone # _____ - _____
(Area Code)

Email Address _____

Name of Owner/Driving School Director _____
(Must have two years of successful experience teaching driver education)

School Website (if applicable) _____

ADDED VEHICLE

You *MUST* complete the following information and note that the vehicle identification number must contain a total of 17 digits and letters.

_____ YES _____ NO Does the added vehicle have the special equipment specified in 24 P.S. § 2834(3) (d)?

_____ YES _____ NO Is the added vehicle insured for, at least, the following amounts?
1. \$50,000 per person and \$100,000 per accident for public liability;
2. \$5,000 property damage; and
3. \$5,000 medical payments

_____ YES _____ NO Is the added vehicle registered with the Pennsylvania Department of Transportation?

Year _____ Model _____ Make _____

Registration Plate # _____ Vehicle Identification # _____

Odometer Reading _____ Automatic or Standard Transmission _____

DELETED VEHICLE

You *MUST* complete the following information and note that the serial number must contain a total of 17 digits and letters. Please type or print in ink.

Year _____ Model _____ Make _____

Registration Plate # _____ Vehicle Identification # _____

Odometer Reading _____ Automatic or Standard Transmission _____

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: _____