

### Virginia Driver Training

# TWO-YEAR SCHOOL LICENSE APPLICATION

(Class A School License - Commercial Vehicles)

**Purpose:** Use this form to apply for a commercial vehicle driver training school license to train applicants to operate any type of commercial motor vehicle as defined in Virginia Code § 46.2-341.4, which includes vehicles with a gross combined weight of 26,001 pounds or more.

**Instructions:** Return this completed application with all additional required documents to the DMV Driver Training Work Center at PO Box 27412, Richmond, VA 23269-0001. All submitted application packages that include a prior version of the application, incomplete applications, or have missing required documents will be returned.

APPLICATION INFORMATION								
D-YEAR LICENSE FEE:								
0.00								
SCHOOL OPERATIONS INFORMATION								
MBER (if renewing)								
ZIP CODE								
ZIP CODE								
FAX NUMBER (if applicable)								
N DMV WEBSITE (check one) S NO								
FAX								

## ENTRY-LEVEL DRIVER TRAINING (ELDT) INFORMATION

Federal Motor Carrier Safety Administration (FMCSA) regulations and Virginia state law requires entry-level Drivers to complete theory and behind-the-wheel Entry-Level Driver Training (ELDT) administered by an ELDT training provider before testing for certain commercial driver's license (CDL) classes and endorsements.

Check the box below that applies to your curriculum.

#### Original first-time application.

I wish to provide ELDT. The ELDT compliant curriculum is included with this application.

I do NOT wish to provide ELDT. The curriculum was developed using DTS30 requirements and is included in this application.

#### **Renewal application.**

I am already approved by DMV to provide ELDT training.

I am not an ELDT training provider.

I wish to start providing ELDT Training. The ELDT compliant curriculum is included with this application.

OWNER INFORMATION						
BUSINESS ENTITY / INDIVIDUAL OWNER FULL NAME (pirnt) (las	DMV CUSTOMER NUMBER					
HOME / BUSINESS ADDRESS	CITY	STATE ZIP CODE				
EMAIL ADDRESS		TELEPHONE NUMBER				
REPRESENTATIVE INFORMATION (authorized to act on behalf of the owner)						
REPRESENTATIVE FULL NAME (pirnt) (last, first, mi, suffix)	TITLE	TELEPHONE NUMBER				

DMV USE ONLY						
DMV STAMP	VERIFICATION OF:					
	COMPLETE APPLICATION INCLUDING SIGNATURES	BUSINESS LICENSE (each location)				
	\$200.00 FEE PAID	LEASE AGREEMENT (each location)				
	AT LEAST ONE INSTRUCTOR APPLICATION (DTS 34A)	SURETY BOND				
	\$100.00 FEE FOR EACH INSTRUCTOR	STUDENT CONTRACT / AGREEMENT				
	NATIONAL CRIMINAL BACKGROUND CHECK (each owner and instructor)	DTS 005 (if offering behind the wheel)				

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HOURS OF OPERATION														
	MONDAY	,	TUESDA	Y	WEDNES	DAY	THURSD	AY	FRIDA	Y	SATURD	YAQ	SUNDA	۱Y
BUSINESS HOURS	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
CLASSROOM HOURS	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

# TRAINING SITE LOCATION(S)

ATTACH THE FOLLOWING FOR EACH ADDITIONAL LOCATION:

• Copy of contract or agreement with expiration date authorizing the use of the facility to conduct business.

Business license (or letter from locality stating not required)

FACILITY ADDRESS	(check applicable box)

#### **CERTIFICATION (All applicants must complete and sign this section.)**

I/we certify that all facts contained in this application are true and valid, and that any documents presented to DMV are genuine. I/we understand that I/we must submit a National Criminal Records Check within 60 days of the submission of this application.

I/we understand that I/we are subject to current statutes and regulations pertaining to the operation of a driver training school and are subject to audits by DMV.

I/we certify that I/we will use the curriculum approved by the Department of Motor Vehicles.

I/we make this certification and affirmation under penalty of perjury, and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

OWNER NAME (print)	OWNER SIGNATURE	DATE (mm/dd/yyy)
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