

## 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											
APPLICATION TYPE: TYPE OF OWNERSHIP: ORIGINAL FIRST-TIME APPLICATION RENEWAL INDIVIDUAL BUSINESS ENT							TWO-YEAR LICENSE FEE: TY \$200.00				
SCHOOL OPERATIONS INFORMATION											
FULL NAME OF CLASS A DRIVER TRAINING SCHOOL (as shown on business license)  SCHOOL LICENSE NUMBER (if renewing)											
							-				
BUSINESS ADDRESS CITY STATE ZIP CODE											
MAILING ADDRESS CHECK IF SAME AS BUSINESS ADDRESS CITY STATE ZIP COD								CODE			
SCHOOL EMAIL ADDRESS FEIN SCHOOL TELEPHONE NUI							BER FAX NUMBER (if applicable)				
WEBSITE ADDRESS DIS							PLAY ON DMV WEBSITE (check one)				
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.											
	0'	WNER II	NFORMATION								
BUSINESS ENTITY / INDIVIDUAL OWNER F						[	DMV CUS	TOMER	R NUMBI	ER .	
HOME / BUSINESS ADDRESS		С	ITY			STA	ATE	ZIP	CODE		
EMAIL ADDRESS							TELEPHONE NUMBER				
REPRESENTATIVE INFORMATION (authorized to act on behalf of the owner)											
REPRESENTATIVE FULL NAME (pirnt) (last,	,				ΓELEPHO	NE NUN	MBER				
DMV USE ONLY											
DMV STAMP	VERIFICATION OF:  COMPLETE APPLICATION INCLUDING SIGNATURES  \$200.00 FEE PAID  AT LEAST ONE INSTRUCTOR APPLICATION (DTS 34A)  \$100.00 FEE FOR EACH INSTRUCTOR  NATIONAL CRIMINAL BACKGROUND CHECK (each owner and instructor)			BUSINESS LICENSE (each location)  LEASE AGREEMENT (each location)  SURETY BOND  STUDENT CONTRACT / AGREEMENT  DTS 005 (if offering behind the wheel)							

HOURS OF OPERATION														
	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
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)									
•	TACH THE FOLLOWING FOR EACH ADDITIONAL LOCATIO Copy of contract or agreement with expiration date authorizing Business license (or letter from locality stating not required)								
	FACILITY AL	DDRESS	(check applicable box)						
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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.									
OW	OWNER NAME (print)  OWNER SIGNATURE  DATE (mm								
OW	NER NAME (print)	OWNER SIGNATURE	DATE (mm/dd/yyy)						
OW	NER NAME (print)	OWNER SIGNATURE	DATE (mm/dd/yyy)						
OW	NER NAME (print)	OWNER SIGNATURE	DATE (mm/dd/yyy)						