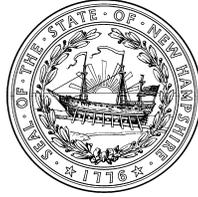


State of New Hampshire



JOHN J. BARTHELMES
COMMISSIONER OF SAFETY

DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
JAMES H. HAYES SAFETY BUILDING
23 HAZEN DRIVE, CONCORD, NH 03305-0001
TDD Access: Relay NH 1-800-735-2964

RICHARD C. BAILEY, JR.
DIRECTOR OF MOTOR VEHICLES

Commercial Motor Vehicle Driver's School License Application

Please type the following:

Applicant Information

Name: _____ Date of Birth: _____

Mailing address: _____

Legal address: _____

Home telephone #: _____ Cell telephone # _____

Commercial School Information

School Name: _____

Mailing address: _____

Legal address: _____

Classroom location: _____

School telephone #: _____

Is this business a sole-proprietorship, corporation or a partnership? _____

Is the applicant contracting with a NH approved public or private high school or an SAU? Yes No (circle one)

Contracts

If this school contracts with public or private school(s),
please complete the following section:

School name: _____

Street: _____

City, State, Zip: _____ Telephone # : _____

School name: _____

Street: _____

City, State, Zip: _____ Telephone # : _____

School name: _____

Street: _____

City, State, Zip: _____ Telephone # : _____

School name: _____

Street: _____

City, State, Zip: _____ Telephone # : _____

School name: _____

Street: _____

City, State, Zip: _____ Telephone # : _____

If you have not provided our office with your contract with these schools, please do so at this time.

Vehicles

All vehicles listed must be in full compliance with the rules listed under SAF-C 3114 – Equipment – Driver Education Vehicles

Make: _____ Model: _____

Year: _____ License plate #: _____

Make: _____ Model: _____

Year: _____ License plate #: _____

Make: _____ Model: _____

Year: _____ License plate #: _____

Make: _____ Model: _____

Year: _____ License plate #: _____

Make: _____ Model: _____

Year: _____ License plate #: _____

Make: _____ Model: _____

Year: _____ License plate #: _____

Make: _____ Model: _____

Year: _____ License plate #: _____

Make: _____ Model: _____

Year: _____ License plate #: _____

Partners and/or corporate officers information

Name: _____ Date of Birth: _____

Address: _____

Home telephone#: _____ Position: _____

Name: _____ Date of Birth: _____

Address: _____

Home telephone#: _____ Position: _____

Name: _____ Date of Birth: _____

Address: _____

Home telephone#: _____ Position: _____

Name: _____ Date of Birth: _____

Address: _____

Home telephone#: _____ Position: _____

Name: _____ Date of Birth: _____

Address: _____

Home telephone#: _____ Position: _____

Name: _____ Date of Birth: _____

Address: _____

Home telephone#: _____ Position: _____

Name: _____ Date of Birth: _____

Address: _____

Home telephone#: _____ Position: _____

Instructor information

Name: _____ Date of birth: _____

Legal address: _____

Mailing address: _____

Telephone: Home #: _____ Cell #: _____

Certificate #: _____ Driver License #: _____

Name: _____ Date of birth: _____

Legal address: _____

Mailing address: _____

Telephone: Home #: _____ Cell #: _____

Certificate #: _____ Driver License #: _____

Name: _____ Date of birth: _____

Legal address: _____

Mailing address: _____

Telephone: Home #: _____ Cell #: _____

Certificate #: _____ Driver License #: _____

Name: _____ Date of birth: _____

Legal address: _____

Mailing address: _____

Telephone: Home #: _____ Cell #: _____

Certificate #: _____ Driver License #: _____

Has applicant, partner, and/or corporate officer ever been convicted of any crime? Yes No (circle one)

If yes, please indicate – who, list the conviction date and explain the nature of each offense: _____

Are you, the partners, corporate officers and/or employees, thoroughly familiar with RSA 263 and the NH code of Administrative Rules Chapter Saf-C 3100, Driver Education rules? Yes No (circle one)

Has the applicant, any partner or corporate officer previously applied or been licensed to operate a drivers' school in this state or any other state? Yes No

If yes, please provide the name of the states: _____

I, the undersigned, hereby certify that all information contained in this application is true. I further certify that all vehicles used in the instruction of drivers education meet all requirements under Saf-C 3114.

Signature Title date

This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

Pursuant to Saf-C 3111.02 Each applicant, partner and officer shall submit their motor vehicle record from New Hampshire or any state where a driver license was previously held and their criminal history record check.

Original application fee \$200.00
Renewal application fee \$100.00
Make check payable to: **State of New Hampshire – DMV**
Do not mail cash
Motor vehicle drivers' school licenses expire December 31.

For Official Use Only

Approved: _____ Date: _____

Denied: _____
Supervisor of Driver Education

Is application filled out completely? _____
Has correspondence been sent to applicant requesting additional information? Date? _____
Is driving record present for owner and/or corporate officers? _____
Is the criminal background check present for owner and/or corporate officers? _____
Has final approval been given for the license? _____
Has license been mailed to applicant? _____
Date mailed: _____

DSMV 604