



John J. Barthelmes  
Commissioner of Safety

**State of New Hampshire**  
**DEPARTMENT OF SAFETY**  
**DIVISION OF MOTOR VEHICLES**

23 HAZEN DRIVE, CONCORD, NH 03305  
Telephone: (603)227-4000 TDD Access Relay NH 7-1-1



Elizabeth A. Bielecki  
Director of Motor Vehicles

**Driving School License Application**

**Please type the following:**

**Driving School Information**

School Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Legal address: \_\_\_\_\_

School telephone #: \_\_\_\_\_

School email: \_\_\_\_\_

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

**Applicant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Legal address: \_\_\_\_\_

Home telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**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 # : \_\_\_\_\_

**Classroom Location**

School name (if applicable): \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

School name (if applicable): \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

School name (if applicable): \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

School name (if applicable): \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

School name (if applicable): \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

School name (if applicable): \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

School name (if applicable): \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

School name (if applicable): \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

## Vehicles

All vehicles listed must be in full compliance with the rules listed under SAF-C 3115 –  
Equipment – Driver Education Vehicles

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ License plate #: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ License plate #: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ License plate #: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ License plate #: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ License plate #: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ License plate #: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ License plate #: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ License plate #: \_\_\_\_\_

**Partners and/or Corporate Officers Information**

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.

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 (check 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 (check 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 (check one)

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 driver's education meet all requirements under Saf-C 3115.

\_\_\_\_\_  
Signature Title Date

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

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