



# **New Jersey Motor Vehicle Commission**

Business Licensing Services Bureau  
P.O. Box 170  
Trenton, New Jersey 08666-0170  
(609) 292-6500 ext. 5014

STATE OF NEW JERSEY

**Chris Christie**  
Governor

**Kim Guadagno**  
Lt. Governor

**Raymond P. Martinez**  
Chairman and Chief Administrator

## **Announcement All Initial Business License Applicants**

The New Jersey Motor Vehicle Commission, Business Licensing Services Bureau (BLS) is pleased to announce that beginning December 1, 2016; BLS will discontinue the practice of requiring an up-front license and registration payment (excluding application fees) with the submission of an initial business license application for the following license privileges:

- New and Used Car Dealers
- Special Category Registration and Plates
- Auto Body Shops
- Driving Schools
- Inspection and Emission Repair Facilities

This change will bring greater efficiency, recording and accounting for all initial application funds and reduce the risk of lost payments.

A notification requesting payment of the license will be sent after preliminary approval of all licensing requirements and a site inspection, where applicable. The wall license and license plates, if applicable, will be mailed to the licensed location once your payment is processed.

Your compliance with this policy is greatly appreciated. For further information on the initial licensing process, call 609 292-6500 x5014.

*Note: Applicants for Auto Body and Private Inspection Facilities licenses must submit a \$20.00 application fee with their initial license application.*



## CHECKLIST FOR ITEMS FOR A INITIAL DRIVING SCHOOL

Enclosed are applications necessary for the issuance of a New Jersey licensed Driving School. Please ensure that all of the items are returned for the processing of a license:

- { } Initial application with (must be signed by owner, officer or partner)
- { } Municipal Approval (must be signed and sealed by the Zoning officer)
- { } Copy of property deed or lease
- { } Copy of phone bill or installation order for business
- { } List of driving instructors and Signature record list
- { } Specific **Qualified** supervising instructor as defined in N.J.A.C 13:23-1.1 – Need a letter from current school owner for proof of **500** hours
- { } Sample of contract and sample of service record
- { } Statement of whether classroom instruction is offered
- { } Proposed yellow page (phone directory) advertisements { } Other proposed advertisements
- { } Photocopy of money receipts
- { } Hours of operation form
- { } Proof of Worker's Compensation coverage for all employees
- { } Original Certificate of Insurance in the amounts of \$250,000 bodily injury and \$50,000 property damage.  
The certificate holder should read:  
Motor Vehicle Commission  
P.O. Box 1  
Trenton, NJ 08666-0168
- { } Copy of corporate papers (if incorporated)
- { } \$10,000 Surety Bond which must expire on December 31, of the applicable year (Form Enclosed)
- { } Supplemental application (all owners, officers, or partners)
- { } Child support form (all owners, officers, or partners)
- { } Fingerprint request notification form
- { } Copy of Federal Tax Identification Number
- { } The fee for the issuance of a Driving School license is \$250.00, for a Branch location license \$200.00, for each initial Instructor license \$75.00, for each Authorized Agent license \$25.00 and for each Instructor's transfer \$3.00. A notification requesting payment for each license type will be sent after preliminary approval of all licensing requirements and a site inspection, where applicable.

**The following items must be "on-location" at the time of scheduled site investigation:**

- Landline telephone
  - Telephone answering machine
  - Locked file cabinet/safe
- Dual controlled vehicle(s) owned/leased and registered in the Driving School or lessor

I certify that the above items are being submitted for the processing of a Driving School license. My failure to submit the required documents will be cause for the application package being returned and the site inspection voided.

\_\_\_\_\_  
APPLICANT PRINT NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE and DATE

STATE OF NEW JERSEY

## APPLICATION FOR LICENSE

### FOR OFFICE USE ONLY

License No. \_\_\_\_\_

\_\_\_\_\_ Date

Reg. No. \_\_\_\_\_

\_\_\_\_\_ Email

Approved by \_\_\_\_\_

The undersigned hereby applies for the license(s) checked in Part 3 and submits the following certified statement:

Corp Code \_\_\_\_\_

1. \_\_\_\_\_  
Name of Business (if corporation, corporate name)

\_\_\_\_\_ Business phone

\_\_\_\_\_ Trade Name

2. Please Check

Corporation  Partnership  Proprietorship

Other \_\_\_\_\_

\_\_\_\_\_ Street Address

\_\_\_\_\_ City Zip Code County

3. Please Check appropriate Box for License:

All applicants please provide the following information and attach copies of proof thereof:

A. NJ Sales Tax Identification Number \_\_\_\_\_

B. NJ Unemployment Registration Number \_\_\_\_\_

C. Federal Employer Identification Number \_\_\_\_\_

Leasing Company  New & Used Motor Vehicle Dealer

Driving School  Auto Body Repair Facility

Moped Dealer  Used Motor Vehicle Dealer

Private Inspection Facility

Fleet Inspection Facility

4. Complete the following for proprietor, partners, or corporate officers:

Other \_\_\_\_\_

Name	Title	Home Address	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Have the owners, partners, or officers ever been arrested, charged or convicted of a criminal or disorderly persons offense in this or any other state?

Yes if yes, explain:

No

6 Do you knowingly intend to employ a person who has been convicted of the above, or any other crime or who was previously licensed as any of the above in this or any other state and was subject to license suspension or revocation?

Yes \_\_\_\_\_ Give name and address of person

No \_\_\_\_\_

7 Have the owners, partners or corporate officers ever held any of the above licenses?

- Yes If yes, please explain the type of license and license numbers \_\_\_\_\_
- No

8. Was the license ever suspended or revoked?

- Yes If yes, explain:
- No

9. Have the owners, partners or corporate officers, agents or employees of your organization ever used an alias or been known by any other name

- Yes If yes, explain:
- No

10. Does any stockholder own more than 10% of the corporation's stock?

- Yes If yes, give name, address and holding
- No

11 \_\_\_\_\_  
Place of Incorporation/Formation

\_\_\_\_\_  
Date of Incorporation/Formation

\_\_\_\_\_  
Date of authorization to do business in New Jersey

Attach copy of the Certificate of Incorporation/Formation which has been filed with the N.J. Secretary of State. Foreign Corporations must submit a copy of their Authorization to do business in New Jersey as a Foreign Corporation in addition to a copy of their corporate/formation papers.

12. The applicant certifies all information contained herein is true and agrees any untruthful representation and any violation of the applicable statutes and regulations promulgated by the Commission shall be reasonable and proper grounds for license suspension or revocation. He further agrees to notify the Commission immediately of any change in the status of the business or of any other information which would change the answers and statements in this application or supplement thereto

13. The individual(s) signing this application certify that they have read the applicable statutes and are thoroughly familiar with the details and penalties provided.

I, the undersigned, hereby certify that I \_\_\_\_\_ of the above business previously named \_\_\_\_\_  
Owner, Partner, Officer, Member  
and that the information I have submitted is true to the best of my knowledge.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature and Title of Applicant

I, the undersigned, hereby certify that I am Secretary/Member/Partner of the above Corporation and have witnessed the signature of \_\_\_\_\_  
who is \_\_\_\_\_ of said corporation.  
President, Vice-President or Member

\_\_\_\_\_  
Signature of Secretary/Member/Partner

**STATE OF NEW JERSEY  
MOTOR VEHICLE COMMISSION  
BUSINESS LICENSING SERVICES BUREAU  
P.O. BOX 172  
TRENTON, NEW JERSEY 08666-0172**

**MUNICIPAL APPROVAL CERTIFICATE FOR BUSINESS LICENSE**

**Applicant Information**

Applicant Name: \_\_\_\_\_ Title \_\_\_\_\_  
Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Street Address (include suite #) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

**Approval Classification of Applicant**

**A. Please check appropriate box:**

- Initial
- Change of Address
- Branch Location
- Existing Facility Zoning Compliance**

**B. Please check appropriate type of license:**

- Boat Dealer
- Driving School
- Used Motor Vehicle Dealer
- New & Used Motor Vehicle Dealer (**Please specify type of vehicle**)  
\_\_\_\_\_
- Leasing Company
- Moped Dealer
- PIF/PIM

- Auto Body Facility (Check all that apply)**
  - \_\_\_\_\_ Full Service Auto Body
  - \_\_\_\_\_ Limited Full Service Auto Body
  - \_\_\_\_\_ Sublet Auto Body (new car dealer)
  - \_\_\_\_\_ Heavy Duty Vehicle Endorsement

**Municipal Zoning Official Certification**

I, \_\_\_\_\_, Clerk of the Municipality of \_\_\_\_\_,  
County of \_\_\_\_\_, State of New Jersey, hereby certify that the Municipal Governing  
Body or Zoning Commission has approved the location, establishment and maintenance of the above indicated business  
located at: \_\_\_\_\_  
(Complete Address)

**Please check appropriate box:**

- Site was visited by a Zoning Official/ Municipal Representative prior to approval
- Site was not visited by a Zoning Official/ Municipal Representative prior to approval

Please specify any stipulations of your zoning approval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Municipal  
Seal

\_\_\_\_\_  
Signature of Municipal or Zoning Board Clerk

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Contact Number

**BUSINESS LICENSING SERVICES BUREAU  
SUPPLEMENTARY APPLICATION**

**PLEASE PRINT**

BUSINESS NAME			BUSINESS PHONE NUMBER		
1. FULL NAME (Including Middle and Suffix, if any)					
2. STREET ADDRESS					
3. CITY		4. STATE		5. ZIP CODE	6. COUNTY
7. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?				8. HOME PHONE NUMBER	
9. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU HAVE LIVED, AND HOW LONG YOU LIVED IN EACH.					
10. DATE OF BIRTH (MONTH, DAY, YEAR)			11. PLACE OF BIRTH (CITY, STATE OR FOREIGN COUNTRY)		
12. SEX	13. HEIGHT		14. WEIGHT		15. COLOR OF EYES
16. SOCIAL SECURITY NUMBER*  <small>*You <u>must</u> disclose your social security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure. Pursuant to <u>N.J.S.A. 54:50-25 et seq.</u> of the New Jersey taxation law, <u>N.J.S.A. 2A:17-56.7a</u>, and <u>N.J.S.A. 2A:17-56.8 et seq.</u> of the New Jersey Child Support Program Improvement Act, the licensing agency to which this form is submitted is required to obtain your social security number. Pursuant to these authorities, the licensing agency is also obligated to provide your social security number to:              a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law, updating, and correcting tax records; <u>and</u>              b. the Probation Division or any other agency responsible for child support enforcement, upon request</small>				17. DRIVER LICENSE NUMBER	
18. HAVE YOU EVER BEEN CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE AND/OR VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES    IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE TRIED, DATE AND SENTENCE					
<b>I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</b>					
SIGNATURE: _____				DATE: _____	

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**CHILD SUPPORT CERTIFICATION FORM**

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Business Name

---

Applicant's Name (Print)

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Date of Birth

---

Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq., responses to the questions listed below are required. Misstatements will be just cause to take administrative action including, but not limited to, denial of licensure, immediate suspension or revocation of the license.

1. Do you have a child support obligation?  Yes  No
2. If yes, do the arrearage amounts equal or exceed the amount of child support payable for six months?  Yes  No
3. Are you subject to a child-support warrant?  Yes  No

I certify that the foregoing responses made by me are true and I am aware that the making of false statements may subject me to contempt of court.

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Signature

---

Date



# **New Jersey Motor Vehicle Commission**

Business Licensing Services Bureau  
P.O. Box 172, Trenton, NJ 08666-0172  
609-292-6500 ext. 5014  
mvcblscorrespondence@dot.state.nj.us

STATE OF NEW JERSEY

## Fingerprint Request Notification

In accordance to regulatory requirements, it is mandated that all persons identified in the initial business application (proprietors, partners, corporate officers, applicants, providers, instructors and driving school authorized agents) undergo a live scan criminal background check by the state approved vendor. Submission of your initial business application authorizes the Commission's Business Licensing Bureau to request and receive criminal background check results.

Upon receipt of this notification, each person identified will be mailed a fingerprint application and instructional sheet. Once fingerprinted, the receipt and fingerprint application for each person listed must be forwarded to MVC, as proof of completion. The processing of your business application will not begin until all receipts are received.

Complete the attached Fingerprint Request Notification Form listing each person identified in the business application. If an e-mail address is provided, the documents will be e-mailed to those individuals, otherwise it will be mailed.



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609-292-6500 ext. 5014  
mvcblscorrespondence@dot.state.nj.us

STATE OF NEW JERSEY

## Fingerprint Request Notification Form

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Clearly PRINT the following information for all persons identified in the initial business application ( all proprietors, partners, corporate officers, applicants, providers, instructors and driving school authorized agents)**

Applicant Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



STATE OF NEW JERSEY  
Motor Vehicle Commission

SURETY BOND OF DRIVING SCHOOL

Bond No. \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

That we, \_\_\_\_\_  
(Business Name)

as Principal, and \_\_\_\_\_, a Surety Company qualified and duly licensed to do business in the State of New Jersey, as Surety, are held and firmly bound unto the **PEOPLE OF THE STATE OF NEW JERSEY**, in the penal sum of **TEN THOUSAND AND NO/100DOLLARS** (\$10,000.00), lawful money of the United States of America, for the payment of which, well and truly made, the undersigned Principal and Surety bind themselves, their respective heirs, administrators, successors, and assigns, jointly and severally, firmly by these presents.

The **CONDITION** of the foregoing obligation is such, that whereas Principal has made, or is about to make, application to the State of New Jersey for a **DRIVING SCHOOL LICENSE**.

**NOW THEREFORE**, if the Principal in its business of operating a Driving School shall not practice any fraud and shall not make any fraudulent representations which cause monetary loss to a person taking instruction from the school, then this obligation will be null and void, otherwise to remain in full force and effect.

This bond shall be effective on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, and shall run concurrently with the period of the license granted to the Principal, and shall remain in the full force and effect for any renewals thereof, provided, however, that the penalty of said bond shall not be cumulative from year to year, and the total liability of Surety herein shall not exceed the sum of \$10,000.00, regardless of the number of license periods for which said bond is in force.

It shall be the responsibility of the surety to notify the New Jersey Motor Vehicle Commission

immediately upon the payment of any funds which decrease the liability of the surety under this bond, and immediately upon acquiring knowledge of a final judgement for which the surety is liable under the bond.

This bond may be canceled by the Surety upon the Surety serving written notice upon the Motor Vehicle Commission of its desire to cancel, and the cancellation date shall be thirty (30) days from the date said notice of cancellation is received.

IN WITNESS WHEREOF the said Principal and Surety have hereunto signed these presents  
this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

CORPORATE SEAL

\_\_\_\_\_  
Principal (Licensee)

\_\_\_\_\_  
Signature & Title (Licensee)

Sworn to and subscribed before  
Me this \_\_\_\_\_ day of  
\_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Surety (Firm's Name)

\_\_\_\_\_  
Signature  
Notary Public of New Jersey

\_\_\_\_\_  
Address of Surety

\_\_\_\_\_  
County

\_\_\_\_\_  
Attorney-in-Fact for Surety



# New Jersey Motor Vehicle Commission

Business Licensing Services Bureau  
P.O. Box 171  
Trenton, New Jersey 08666-0171

## BUSINESS HOURS

Name of Business \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_

### Days Open for Business

### Business Hours

Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To

Signature of Proprietor, Partner, Officer or Member \_\_\_\_\_

Date \_\_\_\_\_







# New Jersey Motor Vehicle Commission

Business Licensing Services Bureau  
P.O. Box 168, Trenton, NJ 08666-0168  
609-292-6500 ext. 5094

STATE OF NEW JERSEY

## DRIVING SCHOOL

**SUBJECT:** Approved behind-the-wheel course for Commercial Driving Schools Special learner permits.

It is mandatory that the following listed instructions be included in all courses given by a commercial driver school to students utilizing a special learner's permit. The course must be a minimum of six hours actual behind-the-wheel instruction.

### Starting

- Adjusting of seat, mirrors
- Seat belts
- Check parking brake
- Gear shift in proper position
- Ignition switch on
- Starting of engine

### Signaling

- Check traffic
- Putting vehicle in motion

### Stopping

- Checking traffic
- Signaling
- Proper position
- Stopping vehicle smoothly and safely
- Gear shift in proper position
- Setting parking brake
- Shutting engine off

### Steering

- Proper hand positions on wheel
- Proper grip on wheel
- Center of lane
- Aim high in steering

### Turning

- Signaling
- Vehicle Position
- Right turns
- Left turns
- Right turn on red

### Highway Driving

- Lane Positioning Signaling
- Changing lanes
- Speed control
- Merging

### Intersections

- Signaling
- Lane positioning
- Right of way
- Passing

### Three Point Turn

- Signaling
- Vehicle positioning
- Checking of traffic
- Turning

### Parking

- Signaling
- Checking of traffic
- Vehicle positioning
- Hand position
- Turning of wheel
- Speed control
- Proper gear position
- Set brakes
- Ignition off
- Remove Key

### Backing

- Checking traffic
- Hand position
- Straight line
- Speed control



# Motor Vehicle Commission

P. O. Box 168  
Trenton, New Jersey 08666

STATE OF NEW JERSEY  
BUSINESS LICENSING SERVICES BUREAU

(609) 292-6500 ext.5094

## TO: DRIVING SCHOOL OWNERS

1. The initial instructor application, a \$75.00 check or money order made payable to NJMVC, Child support certification form and a copy of receipt for fingerprint scanning must be mailed to Business Licensing Services Bureau, Driving School Section, POB 168 Trenton, NJ 08666, after the applicant(s) has appeared for the tests.
2. Written and vision test will be administered when applicant appears at the Driver Testing Center. All applicants who wish to obtain an Initial Driving School Instructor's license may do so on a **walk in** basis between the hours of 8:00 a.m. and 11:00 a.m. at the following Driver Testing Centers and Inspection Stations:

Cherry Hill Driver Testing Executive Campus Ste 110 Bldg # 1 Cherry Hill NJ 08002	WRITTEN TEST ONLY
Cherry Hill Inspection 617 Hampton Rd. Cherry Hill NJ 08002	ROAD TEST ONLY
Eatontown Driver Testing 109 Rt. 36 Eatontown NJ 07724	WRITTEN & ROAD TEST
Miller Air Park Driver Testing Rt. 530 & Mule Rd. Berkeley Twp NJ 08721	Tuesday, Wednesday, Thursday WRITTEN & ROAD TEST
Rahway Driver Testing 1140 Woodbridge Rd. & Hazelwood Ave. Rahway NJ 07065	WRITTEN & ROAD TEST
Trenton Driver Testing (Bakers Basin) 3200 Brunswick Pike ( Rt. 1) Lawrenceville NJ 08648	WRITTEN & ROAD TEST
Wayne Driver Testing 481 Rt. 46 West Wayne NJ 07470	WRITTEN & ROAD TEST
West Deptford Driver Testing 215 Crown Point Road Thorofare NJ 08086	WRITTEN TEST ONLY
3. Scheduling the road test will be made by the Driver Testing Center after the vision and written testing phase has been successfully completed. The road test **may** be scheduled the same day if time and staffing allows. If the road test is full, the test will be scheduled on the next available day.
4. The license will not be issued until we receive the results of the instructor test and the fingerprint check.



# New Jersey Motor Vehicle Commission

Business Licensing Services Bureau  
P.O. Box 168, Trenton, NJ 08666-0168  
609-292-6500 ext. 5094

STATE OF NEW JERSEY

## DRIVING SCHOOL - INITIAL INSTRUCTORS LICENSE APPLICATION

**FEE: \$75.00**

D.L. Check \_\_\_\_\_

Instructor License Number \_\_\_\_\_

Expires \_\_\_\_\_

To be submitted to Motor Vehicle Services for the purpose of securing approval to engage in motor vehicle driving instructions by an owner, officer or employee (full or part-time) in connection with a driving school license pursuant to the provisions of 39:12 R.S.

**ALL APPLICANTS ARE REQUIRED TO PASS A KNOWLEDGE TEST, VISION TEST, DRIVING INSTRUCTION TEST AND JUDGMENT OF DRIVING ABILITY TEST GIVEN BY MOTOR VEHICLE SERVICES, AND ARE REQUIRED TO SUBMIT TO FINGERPRINTING.**

The Instructor applicant will complete both sides of this application.

Date \_\_\_\_\_

Print Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Resident Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

### PERSONAL DESCRIPTION:

Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Color Eyes \_\_\_\_\_

Any Permanent physical marks? Yes  No  If so, describe \_\_\_\_\_

Do you possess a current N.J. Driver's License? Yes  No

N.J. Driver License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Have you held a N.J. Driver License for the last four consecutive years?** Yes  No

If no, give residence address in state where you were previously licensed \_\_\_\_\_

NOTE: You must submit a certified abstract of your driving record if the state of licensure is other than New Jersey, and a copy of your Drivers License.

Has your driver license privilege ever been suspended or revoked in this or any other state?

Yes  No  If yes, give particulars

Name of Driving School \_\_\_\_\_

Address of Driving School \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

State your position with driving school. Owner  Partner  Officer  Employee

Have you ever applied for a Driving School Instructor License, or Driving School License in this or any other state? Yes  No

Have you ever been denied a driver's license, a driving instructor license or a driving school license in this or any other state?

Yes  No  If yes, give particulars

Have you ever been convicted of inducing another to resort to fraud or fraudulent practices in relation to securing a license to drive a motor vehicle or motorcycle? Yes  No

If yes, give particulars

Have you ever been arrested for, charged with, indicted for or convicted of any of the offenses enumerated in 13:23-2.12? Yes  No  If yes, give particulars

**CIVIL AND FEDERAL OFFENSE HISTORY (INCLUDING COURT MARTIAL) (RECORD ALL ARRESTS AND CONVICTIONS)**

Date	Offense	Court Disposition	Penalty
_____	_____	_____	_____
_____	_____	_____	_____

I, THE UNDERSIGNED, DECLARE THAT I AM THE APPLICANT NAMED HEREIN, KNOW THE CONTENTS OF THIS APPLICATION, AND CERTIFY THE CONTENTS HEREIN TO BE TRUE.

\_\_\_\_\_  
(Signature of Applicant) \_\_\_\_\_  
(Date)

**SCHOOL OWNER'S STATEMENT OF CONSENT**

I am the owner, or partner or officer of the Driving School listed herein, and believing the information given herein is true, hereby endorse consent in the issuing of an instructor license to the applicant.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

Initial instructor applicants are required to submit to tests prescribed by the Chief Administrator to determine that they possess the minimum qualifications for licensing.



# New Jersey Motor Vehicle Commission

Business Licensing Services Bureau  
P.O. Box 168, Trenton, NJ 08666-0168  
609-292-6500 ext. 5094

STATE OF NEW JERSEY

## "AUTHORIZED AGENT" APPLICATION - DRIVING SCHOOL

Initial \_\_\_\_\_ DL Check \_\_\_\_\_

Renewal \_\_\_\_\_

Name (Print) \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_

Weight \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Expires \_\_\_\_\_

State of Licensure \_\_\_\_\_

Driving School by whom you are to be employed \_\_\_\_\_

Answer the following questions:

1. Have you ever been arrested for, charged with, indicted for or convicted of any of the offenses enumerated in 13:23-2.12? \_\_\_\_\_ If "yes" explain.

2. Have you ever had your driving privileges suspended or revoked in this or any other state? \_\_\_\_\_ If "yes" explain.

3. Have you ever been refused a drivers license in this or any other state? \_\_\_\_\_ If "yes" explain.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**The following is to be completed by Driving School Owner.**

I hereby certify that the applicant here named is applying with my authorization, for approval to act as an "Authorized Agent" for the \_\_\_\_\_ Driving School.

It is understood that the "Authorized Agent" shall be permitted to transport the school's students to a Driver Testing Center to take the driving test portion of the driver's examination or to purchase a permit.

\_\_\_\_\_  
SIGNATURE OF SCHOOL OWNER, PARTNER OR OFFICER

\_\_\_\_\_  
DATE

INSTRUCTIONS TO APPLICANT

This application must be accompanied by:

1. A certified abstract of your driving record from the Driver's Licensing State if other than New Jersey (initial and renewal), and a copy your Driver's License.
2. FEE. \$25.00 (one year period). Check or money order made payable to NJ Motor Vehicle Commission or NJMVC Business License Compliance.

This application is to be submitted to Motor Vehicle Commission, Business License Services, P.O. Box 168, Trenton, New Jersey 08666-0168.