



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 170
Trenton, New Jersey 08666-0170
(609) 292-6500 ext. 5014
FAX# 609-292-4400
mvclsprocessing@mvc.nj.gov

STATE OF NEW JERSEY

Announcement All Initial Individual License Applicants

The New Jersey Motor Vehicle Commission, Business Licensing Services Bureau (BLS) is pleased to announce that beginning July 10, 2017; BLS will discontinue the practice of requiring an up-front application fees with the submission of an initial individual license application for the following license privileges:

- Driving School Initial Instructor
- Driving School Authorized Agent
- Probationary Driver Program Instructor ("PDP")
- Driver Improvement Program Instructor ("DIP")

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 for the license will be sent after preliminary approval of all licensing requirements. Your license will be mailed or delivered to the driving school 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.



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 172, Trenton, NJ 08666-0172
(888) 486-3339 ext. 5014 toll-free in NJ
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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(888) 486-3339 ext. 5014 toll-free in NJ
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mvcbllscorrespondence@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
Business Licensing Services Bureau**CHILD SUPPORT CERTIFICATION FORM**_____
Business Name_____
Applicant's Name (Print)_____
Date of Birth_____
Social Security Number

*You *must* disclose your social security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure.

Pursuant to N.J.S.A. 54:50-25 et seq. of the New Jersey taxation law and N.J.S.A. 2A:17-56.7a, N.J.S.A. 2A :17-56.60 et seq. of 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;
and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

Under the provisions of N.J.S.A. 2A:17-56.7 et seq., responses to the questions listed below are required. Intentional misstatements may result in 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.

Signature_____
Date

On the Road to Excellence
www.njmvc.gov
New Jersey is an Equal Opportunity Employer



Motor Vehicle Commission

STATE OF NEW JERSEY

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May 10,2001

TO: ALL DRIVING SCHOOLS

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 am and 11:00 am at the following Driver Testing Centers.

EATONTOWN

TRENTON

RAHWAY

WAYNE

1. All items listed on the attached checklist must be mailed to Business License Compliance Driving School Unit POB 168 Trenton, New Jersey 08666 prior to the applicant(s) appearing for the tests.
2. Written and vision test will be administered when applicant appears at the Driver Testing Center.
3. Scheduling of 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 schedule is full, the test will be scheduled on the next available day.
4. The permanent license will not be issued until we receive the results of the instructor test and fingerprint check.

BUSINESS LICENSING SERVICES BUREAU