



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.



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 1
Trenton, New Jersey 08666-0168
(609) 292-6500 ext.5094

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)
- { } 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

**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:</small> 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			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				
I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.				
SIGNATURE: _____			DATE: _____	

CHILD SUPPORT CERTIFICATION FORM

Business Name

Applicant's Name (Print)

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.

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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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 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

LIST OF DRIVING INSTRUCTORS

EXPIRATION

NAME OF SCHOOL AND NUMBER

DATE

The owner is to enter below a list of all instructors. This includes school owners, partners and employees intending to act in the capacity of instructors, full or part time.

Instructor's Signature

Instructor's Number

Supervising Instructor's Name

Initial or renewal applications must be prepared by each instructor and submitted with this form. No person may give instruction without securing and having in their possession a valid driver license.

This form must be submitted to NJMVC, Business License Services, P.O. Box 168, Trenton, New Jersey 08666-0168 at the time of applying for an additional instructor license.

Should an instructor leave the employ of the above school, the owner shall notify the Chief Administrator of Motor Vehicle Commission immediately, in writing.



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

STATE OF NEW JERSEY

SIGNATURE RECORD

EXPERATION

NOTE: The following are the only person authorized and empowered to sign service agreements for the school.

EFFECTIVE DATE

The undersigned owner of the named Driving School hereby authorizes the person(s) whose signatures appear below to execute and sign service agreements in the owner's behalf.

Signature

Print Name

Name of Driving School _____ School No. _____

Owner's Signature _____

Signature of record must be filed for all persons authorized to sign service agreements. If you authorize any other person to sign service agreements, or if you revoke the authority of any person to sign such service agreements, you shall notify this Commission immediately.

Please send any revisions to the NJMVC, Business License Services, Driving School Section, P.O. Box 168, Trenton, New Jersey 08666-0168

This form may be duplicated



New Jersey Motor Vehicle Commission

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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.



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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
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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.



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 170
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(609) 292-6500 #5014

STATE OF NEW JERSEY

Driving School Certification – Allowable Use of Business Location

I understand that, in accordance with N.J.A.C. 13:23-2.2 (e) 4, a driving school's business location must comply with all State and local zoning ordinances, building codes, fire codes, health codes, and any other applicable ordinances and codes.

I hereby certify that the driving school location for which I seek a license complies with all State and local laws, ordinances and regulations concerning the activities permitted by the driving school license.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to penalty.

Name of Business: _____

Driving School Owner/ Principal Name

Signature

Date