

Checklist for Driver Education School Branch Classroom Inside of a School Application

If opening branch in an already established school that is located inside of a school governed by the board of education then you will need to provide the following:

Application for branch

Classroom facility verification form

\$135.00 Check or Money order made payable to MVA.

Application for Driver's School License

Please complete both sides of the application. Print in ink.

- | | |
|--|---|
| <input type="checkbox"/> Application Filling Fee (not refundable) - \$180.00 | <input type="checkbox"/> Change of Officers - \$20.00 |
| <input type="checkbox"/> Primary Facility - \$135.00 | <input type="checkbox"/> Change of Name - \$20.00 |
| <input type="checkbox"/> Branch Facility - \$135.00 | <input type="checkbox"/> Duplicate School License - \$20.00 |
| <input type="checkbox"/> Renewal (Primary or Branch) - \$135.00 | <input type="checkbox"/> Change of Address - \$20.00 |
| <input type="checkbox"/> Video Use/Curriculum Changes | <input type="checkbox"/> OTHER: _____ |

(Must provide cd/dvd with application, also explain in additional information)

Name of School (as appears on surety bond)	School Number
--	---------------

Street Address (For action indicated above.)	Suite Number/Floor
--	--------------------

City	County	State	Zip Code
------	--------	-------	----------

Telephone Number	Fax Number
------------------	------------

Email Address (MUST PROVIDE)	Web Address
------------------------------	-------------

PLEASE LIST ALL OWNERS, PARTNERS, AND OFFICERS OF CORPORATION BELOW:

Name of Owner, Partner, or Officer	Position	Driver's License Number
------------------------------------	----------	-------------------------

Home Address	City	County	Zip
--------------	------	--------	-----

Date of Birth(Month/Day/Year)	Phone Number	Email Address (Must Provide)
-------------------------------	--------------	------------------------------

Name of Owner, Partner, or Officer	Position	Driver's License Number
------------------------------------	----------	-------------------------

Home Address	City	County	Zip
--------------	------	--------	-----

Date of Birth(Month/Day/Year)	Phone Number	Email Address (Must Provide)
-------------------------------	--------------	------------------------------

Name of Owner, Partner, or Officer	Position	Driver's License Number
------------------------------------	----------	-------------------------

Home Address	City	County	Zip
--------------	------	--------	-----

Date of Birth(Month/Day/Year)	Phone Number	Email Address (Must Provide)
-------------------------------	--------------	------------------------------

Has the applicant been previously licensed to operate a Driver's School? Yes No

If **yes**, was the license revoked? Yes No If **yes**, when? _____

Has any owner, partner, or corporate officer, listed ever been convicted of any violation of the Motor Vehicle laws in any state or territory?
 Yes No If **yes**, please explain in additional information section.

Has any owner partner or corporate officer, listed ever been convicted of a crime, other than traffic violations, in any state or territory?
 Yes No If **yes**, please explain in additional information section.

Has any owner partner or corporate officer, listed ever been convicted of a any violation of the Driver's School License Law as provided in Section 15-710 of the Transportation Article? Yes No If **yes**, please explain in additional information section.

Has any owner partner or corporate officer, listed ever been convicted of any crime of moral turpitude in any state or territory? Yes No
If **yes**, please explain in additional information section.

Are any owners, partners, or corporate officers currently employed by the State of Maryland? Yes No

If so, what agency? _____

If your request requires additional information, please supply here: _____

Signator Certification: It is illegal for anyone to give false or fictitious information for a Driver's School License. Since this certification is considered part of the application, anyone who provides or certifies to a false or fictitious statement or information herein may be prosecuted and/or have his or her license cancelled.

I/we certify under penalty of perjury, that the information stated herein is true and correct to the best of my/our knowledge, information and belief.

Applicant's Signature

Print

Date

Primary Facility Information Only

The individuals listed below are authorized to sign on behalf of the Driver's School:

Name

Signature

Name

Signature

Name

Signature

Name

Signature



Apply to register to vote with your driver's license transaction. For details ask your customer service representative.



Motor Vehicle Administration

CLASSROOM FACILITY VERIFICATION

THIS FORM MUST BE SUBMITTED BY DRIVERS'/DRIVER EDUCATION SCHOOLS THAT ARE USING CLASSROOMS IN AN EDUCATIONAL FACILITY THAT IS REGULATED BY THE MARYLAND DEPARTMENT OF EDUCATION OR THE MARYLAND HIGHER EDUCATION COMMISSION.

In accordance with COMAR 11.23.02.31B, these sites are exempt from inspection by the Motor Vehicle Administration. These sites are not exempt from meeting the regulatory requirements regarding zoning and fire safety as outlined in COMAR 11.23.02.06C(1)(b). Day care centers, Sunday schools, fellowship halls and community centers, etc. generally do not qualify for this exemption.

Please consider these specifications when completing this form:

This classroom:

- must be a traditional classroom. Cafeterias, gymnasiums, auditoriums, etc. are **not** acceptable.
- will have heating, ventilation, and air conditioning in good repair.
- will be clean, orderly, and free from clutter.
- will be reasonably free from any visible or audible activities other than driver education instructional activities.
- will be conveniently located near restrooms.
- will be utilized by a maximum of 30 adult and teen students and 1-2 instructors/supervisors. The total number of persons in the classroom at the same time may not exceed occupancy limitations imposed by the fire department or fire marshal
- will be furnished with a chair and writing surface for each student.
- will have adequate chalkboards/whiteboards visible from all seats
- will require space for instructional equipment such as a television, VCR, videos, overhead projector, projection screen, textbooks, etc. to be provided by the drivers'/driver education school or the school facility providing the classroom space.
- will allow space for the instructor's desk or podium and for the instructor to utilize the equipment.

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

CLASSROOM FACILITY VERIFICATION

Page 2

CERTIFICATION IS FOR THE CLASSROOM SPECIFIED BELOW ONLY. IF A DIFFERENT CLASSROOM IS TO BE USED, CERTIFICATION MUST BE OBTAINED FOR THAT ROOM.

THIS SECTION TO BE COMPLETED BY APPLICANT AND PRESENTED TO THE ADMINISTRATION OF THE SCHOOL PROVIDING THE CLASSROOM SPACE.

Drivers'/Driver Education School Name: _____

Site Address: _____

City: _____ County: _____ State: _____

Zip Code: _____ Phone Number: _____

THIS SECTION TO BE COMPLETED BY THE ADMINISTRATION OF THE SCHOOL PROVIDING THE CLASSROOM SPACE.

School name _____

School address _____

Classroom number _____ School Identification Number (Assigned by BOE) _____

This site does _____ does not _____ meet the specifications listed on Page 1 of this form.

What is the maximum occupancy of this classroom as determined by the fire department or fire marshal? _____

I certify, under penalty of perjury, that the school meets applicable zoning and fire safety requirements, and that the statements made herein are true and correct to the best of my knowledge, information and belief.

Signature _____

Printed name _____

Official position _____ (Must be signed by Executive Level Staff)

Date _____