



Registry of Motor Vehicles Division • Driver Licensing  
P.O. Box 55889 • Boston, MA • 02205-5889

# Application for Driver School License

<b>Check Appropriate Box:</b>	
<input type="checkbox"/> Professional Driving School (PDS)	<input type="checkbox"/> Driver Skills Development Program (DSDP)
<input type="checkbox"/> Professional CDL Training School	<input type="checkbox"/> Public/Vocational/Municipal/Regional High School
<b>Main Application</b>	
<input type="checkbox"/> Initial Application Fee \$50	<input type="checkbox"/> Initial Application Fee \$50
<input type="checkbox"/> Initial License Fee \$100	<input type="checkbox"/> Initial License Fee \$50
<input type="checkbox"/> Renewal Fee \$100	<input type="checkbox"/> Renewal Fee \$50
<input type="checkbox"/> Change of Location \$50	<input type="checkbox"/> Change of Location \$50
<b>Branch/Additional Training Site Application</b>	
<input type="checkbox"/> Initial Application Fee \$50	<input type="checkbox"/> Initial Application Fee \$50
<input type="checkbox"/> Initial License Fee \$50	<input type="checkbox"/> Initial License Fee \$50
<input type="checkbox"/> Renewal Fee \$50	<input type="checkbox"/> Renewal Fee \$50
<input type="checkbox"/> Change of Location \$50	<input type="checkbox"/> Change of Location \$50

Business Name of School: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_ FID #: \_\_\_\_\_

Main Business Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Driving School Website: \_\_\_\_\_

**Mailing Address (if different from above):**

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

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*Main Classroom Address (if different from above)**

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

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*PDS Branch Location / CDL or DSDP Closed Course Location (if applicable):**

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

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\*If classroom is located in a high school – Name of School: \_\_\_\_\_

**NOTE- A copy of a rental agreement or contract from the appropriate local school authority authorizing your school to teach driver education for school pupils is required.**

Check One: Proprietor  Partnership  Corporation

List Proprietor, Partners or all Officers, Directors, and Shareholders below:

NAME	ADDRESS	TITLE	DOB	LICENSE #
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*(If additional space required, please use separate piece of paper)*

Were any of the above individuals previously licensed for a Driving School? YES  NO

If yes, under what Driver School name and ID# and what dates? \_\_\_\_\_

List below all licensed instructors employed by the applicant:

NAME	ADDRESS	DOB	LICENSE #
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*(If additional space required, please use separate piece of paper)*

List all other employees including Clerks, Managers, Agents, or others who will represent the applicant below:

NAME	ADDRESS	DOB	LICENSE #
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*(If additional space required, please use separate piece of paper)*

Are you or any partner, officer or Director (if a corporation) currently or have you ever been employed with the Massachusetts Department of Transportation or Registry of Motor Vehicles? YES  NO

If yes, where? \_\_\_\_\_

Do you have any immediate family members (parents, spouse, children, brothers, sisters) employed with the Massachusetts Department of Transportation or Registry of Motor Vehicles? YES  NO

If yes, where? \_\_\_\_\_

**\*All Proprietors, Partners, Officers, Directors, Shareholders, Instructors, and all additional employees are subject to a CORI (Criminal Offender Record Information) check and driving record check.**

List all vehicles used by the applicant for instruction purposes below:

YEAR	MAKE	REGISTRATION #:	VIN #:
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*(If additional space required, please use separate piece of paper)*

**ADDITIONAL REQUIRED DOCUMENTATION:**

**Professional Driving Schools / CDL Training Schools / Driver Skills Development Programs**

**Initial application:**

- If incorporated: Articles of Corporation (issued by the Office of the Secretary of State)
- Current Business Certificate (issued by local municipality)
- Current Certificate of Occupancy (issued by local municipality) for the business office and classroom if located at a different location than the business office  
*\*If not issued by local municipality a letter on official letterhead indicating that no such certificate is issued.*
- If a high school classroom, branch location, or off-road training site: A copy of a rental agreement or contract from the appropriate authority authorizing your school to teach driver education at that site.
- Original Performance Bond (copies will not be accepted)
- If any proprietor, partner, officer, or director listed on the application resides out of state, they must provide an original or certified copy of their criminal history background from their home state or residence that is no more than 30 days old from the date of issuance
- Copy of Proposed Curriculum
- CORI Form for all persons on application

**CDL Training Schools**

- Division of Professional Licensure Authorization

**Renewal application:**

- Current Certificate of Occupancy (issued by local municipality) for the business office and classroom if located at a different location than the business office  
*\*If not issued by local municipality a letter on official letterhead indicating that no such certificate is issued.*
- If a high school classroom, branch location, or off-road training site: A copy of a rental agreement or contract from the appropriate authority authorizing your school to teach driver education at that site.
- Current Performance Bond or Continuation Certificate
- If any proprietor, partner, officer, or director listed on the application resides out-of-state, they must provide an original or certified copy of their criminal history background from their home state or residence that is no more than 30 days old from the date of issuance

I agree to ensure that the licensed driving school will comply with all provisions of Massachusetts General Laws (MGL), and all Regulations, policies, and guidelines established by the Registry of Motor Vehicles for the operation of driving schools and the employment of driving instructors, and specifically, MGL Chapter 90, Section 32G *Licensing for Driver Instruction*, MGL Chapter 90, Section 32G½ *Advanced Driver Training Program Certification*, 540 CMR 23.00 *Licensing, Certification and Operating Requirements for Driving Instructors and Driving Schools*, and the Registry of Motor Vehicles *Guidelines for Professional Driving Schools and Driving School Instructors*, all as amended from time to time.

I, the undersigned, hereby certify that I am \_\_\_\_\_ (Title) of the above driving school and that the information contained in this application is true to the best of my knowledge and belief.

Applicant Name: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_  
(Proprietor, Partner or Officer)

Date: \_\_\_\_\_  
*False statements are punishable by fine, imprisonment, or both (Chapter 90, Section 24)*

**The following is to be executed by your insurance company or its agent:**

The company Signatory hereto, hereby certifies that, it has issued to the Motor Vehicle Registrant, herein before indicated, a Policy Bond or Binder, in conformity with the provisions of Massachusetts General laws, C. 90, Section 1A, C. 175, Section 113A, covering the above described commercially registered vehicles and that the premium charged thereon is at the rate fixed and established for automobiles used for driving instructions.

\_\_\_\_\_  
(Authorized Signature) (Date Issued)

Insurance company stamp: \_\_\_\_\_

**Submit completed application to:**

Registry of Motor Vehicles  
Driver Licensing  
P.O. Box 55889  
Boston, MA 02205-5889

**(FOR OFFICE USE ONLY)**

DATE REC \_\_\_\_\_

SITE ASSESSMENT: \_\_\_\_\_ APPROVED: \_\_\_\_\_

Batch Number: \_\_\_\_\_ ISSUED: \_\_\_\_\_ EXP: \_\_\_\_\_



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**RMV CORI REQUEST FORM**  
**Driving Schools & Advanced Driver Training Programs & Driving Instructors**

The Massachusetts Registry of Motor Vehicles (RMV) has been certified by the Massachusetts Criminal History Systems Board (CHSB) for access to conviction and pending criminal case data known as *Criminal Offender Record Information* or CORI. A CORI check is required by the RMV for: (i) an applicant (including an officer or employee) for a license as a Driving School or Advanced Driver Training Program; or (ii) an applicant for a license as a Driving Instructor in a Driving School or in a Advanced Driver Training Program [pursuant to M.G.L. Ch. 90, Sections 32G or 32G ½]. The RMV will submit your name and the information below to the CHSB and request that it perform a CORI check to ensure you are eligible for such license. Your application will not be considered unless it includes your consent to the CORI review.

**Application for:** (Check 1): **Driving School/Advanced Driver Training Prog.** \_\_\_ **Driving Instructor** \_\_\_

**Consent:** I understand that a *Criminal Offender Record Information* (CORI) check will be conducted of my background for convictions and pending criminal case information only and that it will not necessarily disqualify me. By my signature below, I acknowledge and consent to this initial CORI check and understand that a new CORI check will be required prior to each renewal (if a license is approved). The information I have provided below is correct to the best of my knowledge.

_____ Signature of Applicant	_____ Printed Name (First, Middle and Last Name)	
_____ Maiden Name or Alias	_____ Place of Birth (City & State)	_____ Date of Birth
_____ Mothers Maiden Name	_____ Applicant's Social Security Number	_____ ID Theft Index PIN* (if applicable)

\_\_\_\_\_  
Current Address: No. & Street;      Apt or Unit No;      City/town;      State & Zip Code;      How long?

\_\_\_\_\_  
Previous Address: (No. & Street;      Apt or Unit No;      City/town;      State & Zip Code)      How long?

Your Description: Sex: M\_\_\_ F\_\_\_      Height: \_\_\_ft. \_\_\_in.      Weight: \_\_\_\_\_lbs.      Eye Color: \_\_\_\_\_

Your Driver's License No. \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY:**

Date Received by RMV: \_\_\_\_\_ Received by: \_\_\_\_\_

\* The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this ID Theft Index PIN No. field are required to be submitted to the CHSB via mail.