



Gary Herbert.
Governor

Keith D. Squires
Commissioner

State of Utah

DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSE DIVISION

Nannette Rolfe
Director

P.O. Box 144501
Salt Lake City, Utah 84114-4501
(801) 965-4437

For Department Use Only
Date Received:
Approved By:
Issued License No:
Amount of Surety Bond:
Surety Bond Letter Sent:
Verification of Surety Bond Rec:
Date Issued:
Date Expires:
Date Dup Issued:

COMMERCIAL DRIVER EDUCATION SCHOOL/ TESTING ONLY SCHOOL APPLICATION

Commercial Driver Training School* Branch Office Testing Only School

*Number of Branch Offices _____

Original Renewal

RETURN COMPLETED APPLICATION TO:
Attention: Ellen Obray/ Sharon Harward
Driver License Division
P.O. Box 144501
Salt Lake City, Utah 84114-4501

SECTION 1: GENERAL

Name of School:	Date of Application:
Address (Street, City, State, Zip):	
Phone:	
Type of Business:	
<input type="checkbox"/> Sole Prop: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:	

SECTION 4: TESTER INFORMATION

List the names and addresses of all certified testers, full or part time. (Testing Only Schools)

Name:	Address (Street, City, State, Zip):

SECTION 5: MOTOR VEHICLE FLEET

List all vehicles owned or leased by the school. Use addition paper if needed

Year and Make:	Vin Number:	License Plate No:	Owned:	Leased:

List the vehicle insurance information.

Company:	Policy Number	Phone Number

SECTION 6: QUESTIONS

Please answer all questions completely:
(Please provide an explanation when required in the next section)

1. Have any of the owners, partners, associates or corporation officers ever operated a commercial driver training school before? If yes, please explain your answer. State days of operation and reason for discontinuance. **Yes** _____ **No** _____
2. Has the proprietor, partner, or any other officer or stockholder ever been charged with, or convicted of, any crime including motor vehicle violations? If yes, please explain your answer. **Yes** _____ **No** _____

3. Has the vehicle registration or driver license of the proprietor, partner, or any other officer or stockholder ever been suspended or revoked? If yes, please explain your answer.
Yes _____ **No** _____
4. Is your commercial driver training school or testing only school located in an area zoned for such operations? If no, please explain your answer. **Yes** _____ **No** _____
5. Is your equipment, including motor vehicles, owned by your school? If no, please attach a copy of the lease agreement. **Yes** _____ **No** _____
6. Is your commercial driver training school or testing only school located within 1,500 feet of a building in which motor vehicle registrations or driver licenses are issued to the public? If yes, please explain your answer. **Yes** _____ **No** _____
7. Is your commercial driver training school or testing only school the principal business entity of the address shown above? **Yes** _____ **No** _____
8. Do all school facilities comply with all state laws and regulations and municipal ordinances and regulations relating to public health and safety for the school and business facilities? If no, please explain your answer. **Yes** _____ **No** _____
9. Does your commercial driver training school or testing only school maintain a permanent office facility? **Yes** _____ **No** _____

COMMERCIAL DRIVER TRAINING SCHOOLS ONLY

1. Does your commercial driver training school maintain a permanent classroom facility? If no please explain. **Yes** _____ **No** _____
2. Indicate the number of square feet in the classroom? _____
3. Does your classrooms have adequate lighting, heating and ventilation? **Yes** _____ **No** _____
4. How many feet of floor space does your commercial drive training school contain? _____
5. Does your classroom have a blackboard? **Yes** _____ **No** _____
6. For how many students do you have seating and desk/writing facilities? _____
7. Does your classroom facility contain charts and diagrams or pictures relating to the operation of motor vehicles and traffic laws? **Yes** _____ **No** _____
8. Does your classroom contain textbooks, reference books and pamphlets relating to the proper operation of motor vehicles and traffic laws? **Yes** _____ **No** _____
9. Is your classroom equipped with a moving picture or slide projector with suitable driver training films and/or slides? **Yes** _____ **No** _____
10. Is your classroom equipped with other teaching aids? **Yes** _____ **No** _____
11. Is your classroom facility in the same building as the office facility?
If not please explain. **Yes** _____ **No** _____

SECTION 7: CONDITIONS

The undersigned undertakes and agrees to all of the following conditions as prerequisite to the issuance and the continuing effect of a commercial driver training school license.

- A. To insure that adequate records as prescribed by the rules and regulations of the Department of Public Safety; and to permit the inspection of such records by an authorized department representative during regular office hours.
- B. To employ or otherwise make use of instructors who have been properly licensed by the Department of Public Safety.
- C. To employ or otherwise make use of an operator who have been properly licensed by the Department of Public Safety.
- D. To advise the Department of Public Safety when an instructor or tester is terminated by the school. Please include a brief statement of the reasons for such termination(s).
- E. To comply with all of the provisions of Utah administrative rule R708-2, R708-37, R708-40, and Utah Code 53-3-501 and 53-3-510 relating to commercial driver training or testing only schools.
- F. To advise the Department of Public Safety immediately of any material change in the application or the schedules which are made a part thereof.

I the undersigned, certify that I have read the laws, rules and regulations governing commercial driver training schools and testing only schools and that I agree to abide by all rules, regulations and laws set forth. I affirm that all statements made by me in this application are true and correct.

(Owner Signature)

(Date)

(This form must be notarized to be accepted)

Subscribed and sworn to me this _____ day of _____ 20____

(Notary Public)

(Address)