



Motor Vehicle Administration

Maryland Motor
Vehicle Administration
6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

410-768-7000
1-800-950-1MVA
CUSTOMER SERVICE CENTER

1-800-492-4575
TTY

www.MVA.Maryland.gov

Dear Applicant:

This letter is in response to your inquiry concerning the procedure for establishing a licensed driving school or licensed/certified driver education school. Enclosed are the necessary forms and the web address to access the State regulations that govern the establishment and operation of a driving school or driver education school. That address is:

www.mva.maryland.gov/_resources/docs/comar-11.23.02.pdf

Please carefully review the requirements that are specified in the regulations. You must submit the following documents to the Motor Vehicle Administration:

- Non-refundable application fee of \$180.00
- Completed application (school number will be provided by the MVA)
- Fire inspection approval for office (and classroom if applicable) on the MVA form
- Zoning approval for office (and classroom if applicable) on the MVA form
- Authorization for a criminal background check or, if not a Maryland resident, a criminal background check from the state of last residence. If applying for instructor license/certification, please follow the process for fingerprinting outlined in COMAR
- Copy of workman's compensation insurance (even if no other person will be employed)
- Copy of general liability insurance
- Surety bond for \$40,000.00 on the MVA form
- Proof of owner's graduation from high school or GED or college degree
- Proof of state and federal tax ID
- A completed instructor's application for at least one licensed (certified for driver education school) instructor with fingerprinting receipt from CJIS Central Repository
- A copy of the registration for each vehicle to be used for training (must be in school's name)
- An original certificate of insurance that covers all training vehicles (must be in school's name)
- An MVA vehicle certification form for each vehicle to be used for driver education
- A copy of the vehicle state inspection certificate unless the vehicle is new
- Corporation documents if applicable

A driving school not teaching the driver education course must submit a complete detailed copy of the curriculum as specified in COMAR 11.23.01 and a copy of the certificate that will be awarded to students who successfully complete their course. (The MVA provides those items for driver education schools).

A driving school license or driver education school license/certification is valid for two years and costs \$135.00 (in addition to the \$180.00 application fee). This fee covers the business office

and one classroom. The licensing fee will be collected after the application has been approved. Each branch location must be licensed individually, for two years, for an additional fee of \$135.00

Call (410) 768-7482 or (410) 424-3751 with questions

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
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City	County	State	Zip Code
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Telephone Number	Fax Number
------------------	------------

Email Address (MUST PROVIDE)	Web Address
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PLEASE LIST ALL OWNERS, PARTNERS, AND OFFICERS OF CORPORATION BELOW:

Name of Owner, Partner, or Officer	Position	Driver's License Number
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Home Address	City	County	Zip
--------------	------	--------	-----

Date of Birth(Month/Day/Year)	Phone Number	Email Address (Must Provide)
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Name of Owner, Partner, or Officer	Position	Driver's License Number
------------------------------------	----------	-------------------------

Home Address	City	County	Zip
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Date of Birth(Month/Day/Year)	Phone Number	Email Address (Must Provide)
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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)
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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

FIRE SAFETY CERTIFICATION OF COMPLIANCE FORM FOR DRIVER EDUCATION
CLASSROOM

The Motor Vehicle Administration, in accordance with agency regulations 11.23.01 and 11.23.02, requires a fire safety certification for all classroom facilities used by drivers'/driver education schools.

THIS CLASSROOM MUST BE CERTIFIED ONLY AFTER THE CLASSROOM HAS BEEN COMPLETEY FURNISHED, EQUIPPED, AND SET UP FOR DRIVER EDUCATION CLASSES.

Please certify this site recognizing these specifications and complete this form.

This classroom:

- Will be used as an educational institution.
- Must meet the requirements of a drivers'/driver education classroom as stated in National fire Protection Association (NFPA) Chapter 38, Building Officials and Code Administrators (BOCA) Chapter 304, and/or any other relevant code, statute, or regulation.
- Will be furnished with a chair and writing surface for each student.
- Will require space for instructional equipment such as television, VCR, overhead projector, screen, etc.
- Will allow space for the instructor's desk or podium and for the instructor to utilize the equipment.
- Will allow storage space for books, papers, etc.

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

FIRE SAFETY CERTIFICATION OF COMPLIANCE FORM FOR DRIVER EDUCATION
CLASSROOM

Page 2

THIS SECTION TO BE COMPLETED BY THE APPLICANT AND PRESENTED AT THE TIME OF CERTIFICATION TO THE LOCAL FIRE SERVICE AUTHORITIES.

Drivers'/Driver Education School

Name: _____

Site Address: _____

City: _____ County: _____ State: _____

Zip Code: _____ Phone Number: _____

THIS SECTION IS TO BE COMPLETED BY THE FIRE SAFETY OFFICIAL TO VERIFY THAT THE SITE LISTED ABOVE HAS MET ALL LOCAL SAFETY REQUIREMENTS OF A DRIVER'S/DRIVER EDUCATION SCHOOL CLASSROOM.

This site does _____ does not _____ meet the requirements of a drivers'/driver education classroom as stated in National Fire Protection Association (NFPA) Chapter 38, Building Officials Code Administrators (BOCA) Chapter 304, and/or other relevant codes, statutes, and/or regulations.

Was this site certified allowing for the specifications listed on Page 1 of this form?

What is the maximum number of students permitted in the classroom? _____

Signature: _____ Date: _____

Printed Name: _____

Official Title: _____ Phone Number: _____

Jurisdiction: _____

PLEASE INCLUDE A MAXIMUM OCCUPANY NUMBER.

ALL BLANKS MUST BE COMPLETED.



Motor Vehicle Administration

FIRE SAFETY CERTIFICATION OF COMPLIANCE FORM FOR DRIVER EDUCATION
BUSINESS OFFICE

The Motor Vehicle Administration, in accordance with agency regulations 11.23.01 and 11.23.02, requires a fire safety certification for all business office facilities used by drivers'/driver education schools.

THIS BUSINESS OFFICE MUST BE CERTIFIED ONLY AFTER THE OFFICE HAS BEEN COMPLETEY FURNISHED AND EQUIPPED.

Please inspect this site using these specifications and complete this form.

This business office:

- Will be used for enrollment and other business transactions related to the operation of an educational institution.
- Will require space for office equipment such as a desk, telephone, file cabinets, etc.
- Will allow space for the office employee to utilize the equipment.
- Will allow storage space for office supplies.

THIS SECTION TO BE COMPLETED BY APPLICANT AND PRESENTED AT THE TIME OF CERTIFICATION TO THE LOCAL FIRE SERVICE AUTHORITIES.

Drivers'/Driver Education School

Name: _____

Office Address: _____

City: _____ County: _____ State: _____

Zip Code: _____ Phone Number: _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

FIRE SAFETY INSPECTRION FORM FOR DRIVER EDUCATION BUSINESS OFFICE
Page 2

THIS SECTION TO BE COMPLETED BY THE FIRE SAFETY OFFICIAL VERIFYING THAT THE SITE LISTED ABOVE MET ALL LOCAL SAFETY REQUIREMENTS OF A DRIVERS'/DRIVER EDUCATION SCHOOL OFFICE.

This site does _____ does not _____ meet the requirements of a drivers'/driver education school office stated in National Fire Protection Association (NFPA) Chapter 38 and/or Building Officials Code Administrators (BOCA) Chapter 304.

Was this site certified allowing for the specifications listed on the front of this form?

What is the maximum occupancy permitted in the office? _____

Signature: _____ Date: _____

Printed Name: _____ Official Title: _____

Phone Number: _____

PLEASE SUBMIT A MAXIMUM OCCUPANY NUMBER.

ALL BLANKS MUST BE COMPLETED.

MVA APPRECIATES YOUR HELP.



Motor Vehicle Administration

ZONING APPROVAL FORM FOR DRIVER EDUCATION
CLASSROOM

The Motor Vehicle Administration, in accordance with agency regulations 11.23.01 and 11.23.02, requires zoning approval for all classroom facilities used by drivers'/driver education schools.

Please consider these specifications when issuing zoning approval and completing this form.

This classroom:

- Will be used as an educational institution.
 - Will not require parking lot spaces for the students because they are not yet licensed to drive.
 - Will be furnished with a chair and writing surface for each student
 - Will require space for instructional equipment such as a television, VCR, overhead projector, screen etc.
 - Will allow space for the instructor's desk and for the instructor to utilize the equipment.
 - Will allow storage space for books, papers, etc.
-

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

ZONING APPROVAL FORM FOR DRIVER EDUCATION CLASSROOM

Page 2

THIS SECTION TO BE COMPLETED BY APPLICANT AND PRESENTED AT THE TIME OF APPROVAL TO THE LOCAL ZONING AUTHORITIES.

Drivers'/Driver Education School Name: _____

Site Address: _____

City: _____ County: _____ State: MD

Zip Code: _____ Phone Number: _____

THIS SECTION TO BE COMPLETED BY THE LOCAL ZONING OFFICIAL VERIFYING THAT THE SITE LISTED ABOVE HAS MET ALL LOCAL ZONING REQUIREMENTS OF A DRIVERS'/DRIVER EDUCATION SCHOOL CLASSROOM.

This site does _____ does not _____ meet local zoning requirements including the issuance of a use and occupancy permit, if required.

Was this site evaluated as described on Page 1 of this form? _____

Signature: _____ Date: _____

Printed Name _____ Official Title: _____

Phone Number: _____ Jurisdiction: - _____

ALL BLANKS MUST BE COMPLETED.



Motor Vehicle Administration

ZONING APPROVAL FORM FOR DRIVER EDUCATION
BUSINESS OFFICE

The Motor Vehicle Administration, in accordance with agency regulations 11.23.01 and 11.23.02, requires zoning approval for all business office facilities used by drivers'/driver education schools.

Please consider these specifications when issuing zoning approval and completing this form.

This office:

- Will be used for enrollment and other business transactions related to the operation of an educational institution.
- Will require space for office equipment such as a desk, telephone, file cabinets, etc.
- Will allow space for the office employee to utilize the equipment.
- Will allow storage space for office supplies.

THIS SECTION TO BE COMPLETED BY APPLICANT AND PRESENTED AT THE TIME OF APPROVAL TO THE LOCAL ZONING AUTHORITIES.

Driver's/Driver Education School

Name: _____

Office
Address: _____

City: _____ County: _____ State: _____

Zip Code: _____ Phone Number: _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

ZONING APPROVAL FORM FOR DRIVER EDUCATION BUSINESS OFFICE

Page 2

THIS SECTION TO BE COMPLETED BY THE LOCAL ZONING OFFICIAL VERIFYING THAT THE SITE LISTED ABOVE HAS MET ALL LOCAL ZONING REQUIREMENTS OF A DRIVERS'/DRIVER EDUCATION BUSINESS OFFICE.

This site does _____ does not _____ meet local zoning requirements including the issuance of a use and occupancy permit, if required.

Did this site approval allow for the specifications listed on Page 1 of this form? _____

What is the maximum occupancy permitted in the office? _____

Signature: _____ Date: _____

Printed Name _____ Official Title: _____

Phone Number: _____

PLEASE SUPPLY A MAXIMUM OCCUPANCY NUMBER.

ALL BLANKS MUST BE COMPLETED.



Surety Bond of Driver Education Program

Know all persons by these presents:

Trade Name _____

Names of three officers of corporation shall be shown - **plus trade name**
A close corporation shall show name(s) of Corporate Officer(s) - **plus trade name**

Officer(s) Name(s) _____

as Principal, and _____

(Name and address of bonding company)

a corporation organized and existing under the laws of the State of _____ and authorized to do business in the State of Maryland as Surety, are held and firmly bound unto the Maryland Motor Vehicle Administration in the penal sum of **forty thousand dollars (\$40,000)** lawful money of the United States of America, for the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

Signed, Sealed, and Dated this _____ day of _____ (year) _____

The condition of this obligation is such that, whereas, the above bounden Principal has or is about to make application to the Maryland Motor Vehicle Administration to obtain a Driving School License in order to conduct courses in driver training in accordance with the Transportation Article of the Annotated Code of Maryland and Regulations promulgated by the Administrator of Motor Vehicles, is required to furnish a Surety Bond.

Now, therefore, if the above bounden Principal shall conduct the business in full compliance with those Sections of the Transportation Article, of the Annotated Code of Maryland, as set forth in the Regulations of the Maryland Motor Vehicle Administration, then this obligation shall be null and void; otherwise to remain in force and effect.

This bond shall be for the use and benefit of the Maryland Motor Vehicle Administration and for any person who may suffer loss by reason of any violation of the above mentioned laws.

This bond shall run concurrently with the period of the license granted to the Principal, and shall remain in full force and effect for any renewal thereof, provided, however, that the penalty of the bond may not be cumulative from year to year, and the total liability of the Surety herein, may not exceed the sum of **forty thousand dollars (\$40,000)** regardless of the number of license periods for which said bond is in force.

The Surety may cancel this bond at any time by giving **forty five (45) days** written notice by registered or certified mail to the Maryland Motor Vehicle Administration, however, remaining liable for any defaults under this bond, committed prior to the expiration of such **forty five (45) day** period.

Seal
of
Surety

Signature of President

Signature of Vice President

Signature of Treasurer/ Secretary

By _____
Signature of Principal (one of the above officers)

By _____
Surety



MVA Criminal Record Request Form

Please place your photo driver's license below and photocopy.

By my signature, I authorize the Motor Vehicle Administration to perform a criminal background check.

Signature _____ Date _____

Name of Business _____
Type of License: Dealer Salesman Professional Driver Instructor Title Service Agent Other

Instructions for Criminal Background Request
This form is to be used for the processing of your Maryland criminal background check. At the present time no fee will be charged for this service.

Maryland Residents:
This form must accompany all applications from licensees or anyone with a financial interest in a business.

- Photocopy a clear legible copy of either your Maryland Photo Driver's License or a Maryland Photo ID card on the front of this form.
- If you have a change of address that does not appear on your license or your ID, please note it on the form.
- Sign the photocopy.
- The photocopy which contains your original signature must be submitted with your application to the Motor Vehicle Administration.

Out of State Residence:

- Applicants will be required to request Criminal Justice Information System background checks from the appropriate Law Enforcement Agency in their state of residence.
- The background checks should not be sent directly from the appropriate Law Enforcement Agency to the Motor Vehicle Administration.
- For identification purposes you must submit a clear legible copy of your out-of-state driver's license or a Photo ID on this form.

MVA Use Only:

**DRIVER EDUCATION PROGRAM
TRAINING VEHICLE FORM**

_____ School Name _____ School Number

_____ ADD VEHICLE _____ DELETE VEHICLE

_____ Vehicle Identification Number (VIN) _____ Tag # (Perm/Temp)

Note: This form must be submitted before a vehicle may be used for training. If a temporary tag number is provided, a new form must be submitted when the permanent tag is received.

_____ Year _____ Make _____ Model _____ Title #

_____ Vehicle Owner's Name (Please print)

I certify the above vehicle is equipped with (complete only if adding a vehicle):

_____ Instructor Brake Pedal
Initial

_____ Instructor Clutch Pedal (if manual transmission)
Initial

_____ Instructor's mirror as required in COMAR
Initial

_____ "Student Driver" sign affixed to the rear of the vehicle
(as per COMAR)
Initial

_____ Signs with school name & telephone number affixed to both sides
of the vehicle.
Initial

I certify that the vehicle listed above meets the requirements as set forth in Maryland Vehicle Law and the Code of Maryland Agency Regulations (COMAR). Enclosed is a copy of the Maryland State Inspection Certificate (not required for new vehicles titled within the same year of the manufacturer's certificate of origin) proof of insurance, and a copy of the vehicle's registration card.

_____ School authorized official (Print) _____ Title

_____ (Sign) _____ Date

Application For Approval

MUST PROVIDE SEPARATE FORM FOR EACH PROGRAM
(Please complete both sides of the application. Print in ink.)

- | | |
|--|---|
| <input type="checkbox"/> Apprentice Permit - \$25.00 | <input type="checkbox"/> Permanent Instructor - \$135.00 |
| <input type="checkbox"/> Instructor License Renewal - \$135.00 | <input type="checkbox"/> DIP Instructor |
| <input type="checkbox"/> Corrected Instructor/Apprentice License - \$20.00 | <input type="checkbox"/> 3 Hour Alcohol & Drug Education Instructor |
| <input type="checkbox"/> Duplicate Instructor/Apprentice License - \$20.00 | <input type="checkbox"/> OTHER: _____ |

Name of School or Provider _____ School ID or Provider # _____ Instructor Number if applicable _____ Exp date _____

Applicant Information: (Name & Address must match your Driver's License)

First Name _____ Middle Name _____ Last Name _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

Email Address _____ Date of Birth (Month/Day/Year) _____ Phone Number _____

Driver's License Number _____ Exp Date _____ State Issued _____

Yes No

- Has your driver license or privilege to operate a motor vehicle ever been revoked, suspended, cancelled or refused, in this or any other state or District of Columbia? If yes when (mm-dd-yy) _____ and where (state) _____ ?
- Are you at least 21 years of age and have you held a driver's license for the last three (3) consecutive years?
- Have you ever been convicted of any violation of the law, other than traffic violations? If yes, please explain in additional informational section or attach a separate sheet of paper.
- Are you currently employed by the State of Maryland? If so, what agency? _____

RENEWAL APPLICANTS ONLY

Yes No

- I certify that in the past two years that I have satisfactorily completed a minimum of 8 hours of professional development approved by the Administration. **Please provide supporting documentation from program that was completed.**
- I certify that I have been observed and evaluated at least 2 times in the last two years by the owner of the school, or another school official.

Certification of School

- I certify that the aforementioned individual has in the last 2 years taught a minimum of 30 hours of programs courses.

Certifying School number _____ Certifying School Official Signature _____ (Printed) _____ Date _____

NEW FOREIGN LANGUAGE APPLICANTS ONLY

Yes No

Are you applying to instruct Driver's Education in another language other than English?

If so, please check the appropriate box and supply the pertinent documents to certify that you are qualified to do so:

Maryland Court Certified Translator- Must supply copy badge or other certification dated within the last 30 days.

Maryland State Department of Education Certificate- Must supply copy of certificate stating language certified in.

Driver Instructional Services Division Testing

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

Certification of Signator(s)

It is illegal for anyone to give false or fictitious information for a Driver Instructors License, Apprentice Permit or a Remedial Program instructor's approval. Since the approval 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 approval cancelled.

Applicant Certification

I certify, under penalty of perjury that the statements are true and correct. I am familiar with the Maryland Motor Vehicle certification laws and regulations concerning the conduct of remedial program instructors. I understand this approval is only valid while I am employed with an approved remedial program.

Applicant's Signature

Date

School or Program Owner's Certification

I acknowledge as owner, partner or department of education official of the licensed driver's school or Remedial Program listed that the information submitted by the applicant is true and that the applicant will be employed by me upon receipt of his/her approval.

I certify under penalty of perjury that the statements are true and correct.

Owner's Signature

Title

Date



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



MVA Criminal Record Request Form

Please place your photo driver's license below and photocopy.

By my signature, I authorize the Motor Vehicle Administration to perform a criminal background check.

Signature

Date

Name of Business

Type of License: Dealer Salesman Professional Driver Instructor Title Service Agent Other

Instructions for Criminal Background Request

This form is to be used for the processing of your Maryland criminal background check. At the present time no fee will be charged for this service.

Maryland Residents:

This form must accompany all applications from licensees or anyone with a financial interest in a business.

- Photocopy a clear legible copy of either your Maryland Photo Driver's License or a Maryland Photo ID card on the front of this form.
- If you have a change of address that does not appear on your license or your ID, please note it on the form.
- Sign the photocopy.
- The photocopy which contains your original signature must be submitted with your application to the Motor Vehicle Administration.

Out of State Residence:

- Applicants will be required to request Criminal Justice Information System background checks from the appropriate Law Enforcement Agency in their state of residence.
- The background checks should not be sent directly from the appropriate Law Enforcement Agency to the Motor Vehicle Administration.
- For identification purposes you must submit a clear legible copy of your out-of-state driver's license or a Photo ID on this form.

MVA Use Only: