

DRIVER TRAINING ENTERPRISE APPLICATION

<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> APPROVED	<input type="checkbox"/> REJECTED
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NAME

DRIVER TRAINING ENTERPRISE NAME. Enter the EXACT name you use (or will use) for advertising. No form of this name shall be used other than the name in the exact form you state in this space. (See OAC 4501-7-04 and 4501-7-18.)

<p>CHECK WHICH APPLIES TO THIS APPLICATION</p> <p><input type="checkbox"/> Enterprise Original Application (\$250 fee per school/location)</p> <p><input type="checkbox"/> Enterprise Renewal Application: Enterprise # _____ (\$50 fee per school/location)</p> <p><input type="checkbox"/> Adding School Location (\$250 fee per school added)</p> <p><input type="checkbox"/> Moving School Location : School # _____ (no fee)</p> <p><input type="checkbox"/> Change of name, mailing address, official, manager, records storage, bond, insurance, etc.</p> <p>Complete "Business Name" caption and ONLY the changed information. (No fee)</p>	NAME
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BUSINESS MAILING ADDRESS. List the complete address where mail will be sent for your driver training enterprise activities. The information in this section will be posted on the DPS web page.

STREET		CITY		COUNTY
STATE	ZIP CODE	PHONE () -	FAX () -	E-MAIL
E-MAIL			WEB ADDRESS	

BUSINESS OWNER. Give the name of all who are owners of this business enterprise. If more than one person (individual or corporation) owns the business, list each owner on a separate application.

OWNER OR PUBLIC SCHOOL OFFICIAL NAME	WHICH TYPE OF OWNERSHIP BEST DESCRIBES YOUR BUSINESS?
	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> Trust EIN:
	SSN:

OWNER ADDRESS. List the address where mail will reach the owner. If owner is an individual, list the owner's home address. If owner is a partnership, list home addresses of each owner. Use additional application forms for additional owners.

STREET		CITY		COUNTY
STATE	ZIP CODE	PHONE () -	FAX () -	E-MAIL

FINANCIAL RESPONSIBILITY. List the company or companies that insure the motor vehicles used in your driver training enterprise as required by OAC 4501-7-08 and 4501-7-09. If additional space is required, use additional application forms.

INSURANCE COMPANY		AGENT		
STREET		CITY		COUNTY
STATE	ZIP CODE	PHONE () -	FAX () -	E-MAIL

BOND. List the company or companies that hold your bond as required by OAC 4501-7-08 and 4501-7-09. If additional space is required, use additional application forms. Bond shall be maintained with a value of \$10,000 for first training location (classroom) and an additional \$2,000 for each additional training location (classroom).

BOND COMPANY	AGENT
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AUTHORIZING OFFICIAL (AO). This business enterprise shall identify an authorizing official who is responsible for the operation of the enterprise and who shall be held liable if the enterprise, its classrooms, its offices, or its staff is found in violation of the Ohio Revised Code Chapter 4508 or Ohio Administrative Code Chapter 4501-7. If additional authorizing officials serve this enterprise, use additional application forms. If the owner is an individual, the authorizing official shall be the owner of the enterprise.

SSN OF AO		DATE OF BIRTH OF AO		BUSINESS TITLE OF AO	
FIRST NAME		MIDDLE NAME		LAST NAME	
STREET		CITY		COUNTY	
STATE	ZIP CODE	PHONE () -	FAX () -	E-MAIL	

Compliance statement: I hereby certify I am the authorizing official of this driver training course enterprise and the information provided herein is true and complete. I have read, understand, am familiar with, and am responsible for knowing the provisions governing driver training schools and instruction as those provisions are set forth in Chapter 4508 of the Ohio Revised Code and Chapter 4501-7 of the Ohio Administrative Code. I will abide by the laws, statutes, and rules set forth therein. I will take all reasonable steps to ensure the enterprise and its schools, instructors, and staff operates in compliance with the laws, statutes, and rules as they apply to this enterprise. I will take all reasonable steps to ensure the facilities, training programs, advertising, and solicitations for business, records, and contracts of the enterprise, its schools, instructors, and staff comply with the laws, statutes, and rules governing driver training course providers. I will ensure the enterprise and each of its schools maintains financial responsibility for the fulfillment of contracts and obligations to students trained in or by the enterprise. To all herein I so certify and attest with my signature below.

SIGNATURE OF AUTHORIZING OFFICIAL X	DATE
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If more than one person acts as authorizing official for the enterprise, use additional pages. All authorizing officials must sign and certify this application.

PLACE OF BUSINESS SUPPLEMENT. List the address(es) where this business enterprise conducts driver training. If more space is required, use an additional application supplement page. License fee is \$250 per location/school for an original license and \$50 per location/school for a renewal license.

BUSINESS ENTERPRISE NAME				NUMBER OF SCHOOLS OPERATED BY THIS ENTERPRISE			
SCHOOL NAME			SCHOOL LICENSE #		TRAINING TYPE(S) <input type="checkbox"/> Class D Operator <input type="checkbox"/> CDL		
STREET			CITY		STATE		ZIP
COUNTY	PHONE () -		FAX () -		E-MAIL		
MAILING ADDRESS							
STREET			CITY		STATE		ZIP
COUNTY	PHONE () -		FAX () -		E-MAIL		
WHERE ARE THIS CLASSROOM'S RECORDS (as defined in OAC 4501-7-13) STORED? (If "other," list place and address where records are stored:)							
<input type="checkbox"/> On Site at Classroom <input type="checkbox"/> Enterprise Address <input type="checkbox"/> Other							
STREET			CITY		STATE		ZIP
COUNTY	PHONE () -		FAX () -		E-MAIL		
TRAINING MANAGER NAME			TRAINING MANAGER SSN		INSTRUCTOR (TM) LICENSE #		
SCHOOL NAME			SCHOOL LICENSE #		TRAINING TYPE(S) <input type="checkbox"/> Class D Operator <input type="checkbox"/> CDL		
STREET			CITY		STATE		ZIP
COUNTY	PHONE () -		FAX () -		E-MAIL		
MAILING ADDRESS							
STREET			CITY		STATE		ZIP
COUNTY	PHONE () -		FAX () -		E-MAIL		
WHERE ARE THIS CLASSROOM'S RECORDS (as defined in OAC 4501-7-13) STORED? (If "other," list place and address where records are stored:)							
<input type="checkbox"/> On Site at Classroom <input type="checkbox"/> Enterprise Address <input type="checkbox"/> Other							
STREET			CITY		STATE		ZIP
COUNTY	PHONE () -		FAX () -		E-MAIL		
TRAINING MANAGER NAME			TRAINING MANAGER SSN		INSTRUCTOR (TM) LICENSE #		
SCHOOL NAME			SCHOOL LICENSE #		TRAINING TYPE(S) <input type="checkbox"/> Class D Operator <input type="checkbox"/> CDL		
STREET			CITY		STATE		ZIP
COUNTY	PHONE () -		FAX () -		E-MAIL		
MAILING ADDRESS							
STREET			CITY		STATE		ZIP
COUNTY	PHONE () -		FAX () -		E-MAIL		
WHERE ARE THIS CLASSROOM'S RECORDS (as defined in OAC 4501-7-13) STORED? (If "other," list place and address where records are stored:)							
<input type="checkbox"/> On Site at Classroom <input type="checkbox"/> Enterprise Address <input type="checkbox"/> Other							
STREET			CITY		STATE		ZIP
COUNTY	PHONE () -		FAX () -		E-MAIL		
TRAINING MANAGER NAME			TRAINING MANAGER SSN		INSTRUCTOR (TM) LICENSE #		

Application Instructions

The authorizing official of the driver training enterprise shall complete this form. The authorizing official is the person who owns the enterprise or who maintains responsibility for its operations on behalf of the owner, particularly when the owner is a corporation. [See OAC 4501-7-01(B).] The application for a driver training school license will be accepted only when the application is complete and accurate. A driver training school license will be issued for either a class D operator school (training in automobile operation) or a CDL school (for the operation of commercial motor vehicles).

ORIGINAL APPLICATIONS SHALL INCLUDE:

1. A completed, accurate, and true application form.
2. A fee of \$250 per driver training school (each separate location where you will provide training is a driver training school). The fee must be a check or money order payable to, "Ohio Treasurer, Kevin L. Boyce."
3. The identification (on the application) of the person or persons who will serve as the authorizing official for the enterprise and the training manager for each driver training school.
4. A report of a criminal records check from the Ohio Bureau of Criminal Identification and Investigation for the criminal history of the authorizing official. The report shall be dated not more than 60 days prior to the date the application is received in the Office of Licensing & Commercial Standards.
5. A copy of each training manager's certificate of training showing each manager has completed a driver training school manager's course within the past 10 years.
6. A completed compliance statement (included in this application) certifying you (the authorizing official) will operate the driver training enterprise and each of its schools in compliance with all applicable laws of the Revised Code, the Administrative Code, and other local, state, and federal laws.

RENEWAL APPLICATIONS

The Department must receive the renewal application, or the application shall be postmarked, no later than November 30th of the year the license expires. All applications for renewal received after that date will be considered original applications and will require the original application fee of \$250 as well as other requirements listed above for original licensing. On-time applications for renewal shall include:

1. A completed, accurate, and true application form.
2. A fee of \$50 per driver training school (each separate location where you will provide training is a driver training school). The fee must be a check or money order payable to, "Ohio Treasurer, Kevin L. Boyce."
3. The identification (on the application) of the person or persons who will serve as the authorizing official(s) for the enterprise and the training manager for each driver training school.
4. A completed compliance statement (included in this application) certifying you (the authorizing official) will operate the driver training enterprise and each of its schools in compliance with all applicable laws of the Revised Code, the Administrative Code, and all other applicable local, state, and federal laws.

CHANGES IN BUSINESS

1. A conveyance of the ownership of a business enterprise from one person to another requires an original application form. For transferring ownership to another, the authorizing official shall follow the steps for "original application" listed above. For determination of whether the conveyance of an interest from one person to another constitutes a change in ownership, see OAC 4501-7-01(W).
2. To change the name of a driver training enterprise, the authorizing official shall:
 - a. Send a written request to change the name of the enterprise listing the license number and name of the enterprise as it is currently licensed.
 - b. Complete the "Driver Training Enterprise Application" listing ONLY the new name desired in the "name" caption.
 - c. Mark "change of name" on the caption, "check which applies to this application."
 - d. Complete ONLY any other information that will change with this name change.
 - e. Sign and date the application.
3. To change the address of a school location, the authorizing official shall:
 - a. Complete a "Driver Training Enterprise Application" including the business enterprise, business owner, financial responsibility, bond, and authorizing official sections.
 - b. Mark "moving school location" on the caption, "check which applies to this application."
 - c. Include a letter of request to move the school location stating the date your currently licensed school will close and the date you expect to begin using your new school location. (These dates may be the same date, but they may not overlap. Two schools licensed at the same time require two licenses. See "Adding School Location.")
 - d. Sign and date the application.
 - e. On page 2 of the application, list ONLY the information for the location to which you will be moving.
 - f. Not open the new location until the school is inspected and properly licensed.
4. To add a school location, the authorizing official shall:
 - a. Complete a "Driver Training Enterprise Application" including the business enterprise, business owner, financial responsibility, bond, and authorizing official sections.
 - b. Mark "adding school location" on the caption, "check which applies to this application."
 - c. Include a letter of request to add a school location stating the date you expect to begin using your new school location.
 - d. Include a fee of \$250.
 - e. Sign and date the application.
 - f. On page 2 of the application, list ONLY the information for the location that you will be opening.
 - g. Not open the new location until the school is inspected and properly licensed.

Mail all completed applications to: Ohio Department of Public Safety
ATTN: Driver Training App.
P.O. Box 182081
Columbus, Ohio 43218-2081