



ABBREVIATED ADULT DRIVER TRAINING ENTERPRISE APPLICATION

The application must be TYPED or will not be accepted

<input type="checkbox"/> ORIGINAL		<input type="checkbox"/> APPROVED		<input type="checkbox"/> REJECTED	
NAME OF APPLICANT					
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 Ohio Administrative Code (O.A.C.) 4501-8-04 and 4501-8-16.)					
CHECK WHICH APPLIES TO THIS APPLICATION <input type="checkbox"/> Enterprise Original Application (\$250 fee per school / location) <input type="checkbox"/> Online Provider Original Application (\$250 per license) <input type="checkbox"/> Adding School Location (\$250 fee per school added) <input type="checkbox"/> Moving School Location: School # _____ (no fee) <input type="checkbox"/> Change of name, mailing address, official, manager, records storage, bond, insurance, etc. Complete "Business Name" caption and ONLY the changed information. (No fee)				ENTERPRISE NAME	
BUSINESS OFFICE 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 SITE 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 O.A.C. 4501-8-08. If additional space is required, use additional application forms. (Not applicable for online providers)					
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 O.A.C. 4501-8-08. If additional space is required, use additional application forms.					
BOND COMPANY			AGENT		
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 (R.C.) Chapter 4508 or O.A.C. Chapter 4501-8. 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 R.C. and Chapter 4501-8 of the O.A.C. 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				DATE	
X					

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 #			
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 O.A.C. 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"/> Electronic Records <input type="checkbox"/> Other							
STREET		CITY		STATE		ZIP	
COUNTY		PHONE		FAX			
TRAINING COORDINATOR NAME		TRAINING COORDINATOR SSN		INSTRUCTOR (TC) LICENSE #			
SCHOOL NAME				SCHOOL LICENSE #			
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 O.A.C. 4501-8-12) 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"/> Electronic Records <input type="checkbox"/> Other							
STREET		CITY		STATE		ZIP	
COUNTY		PHONE		FAX			
TRAINING COORDINATOR NAME		TRAINING COORDINATOR SSN		INSTRUCTOR (TC) LICENSE #			
TO BE COMPLETED BY ONLINE SCHOOLS:							
SCHOOL NAME				SCHOOL LICENSE #			
STREET		CITY		STATE		ZIP	
COUNTY		PHONE		FAX		E-MAIL	
WEB SITE ADDRESS							
WHERE ARE THE ONLINE RECORDS (as defined in O.A.C. 4501-8-12) 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"/> Electronic Records <input type="checkbox"/> DPS Access <input type="checkbox"/> Other							
STREET		CITY		STATE		ZIP	
COUNTY		PHONE		FAX			
TECHNICAL ASSISTANCE PHONE		ONLINE INSTRUCTOR PHONE		HOURS OF OPERATION			

Application Instructions

The authorizing official of the abbreviated adult 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 O.A.C. 4501-8-01(F).] The application for an abbreviated adult driver training school license will be accepted only when the application is complete and accurate. An abbreviated adult driver training school license will be issued for an adult abbreviated driver training school (training in automobile operation) or an online school.

ORIGINAL APPLICATIONS SHALL INCLUDE:

1. A completed, accurate, and true application form.
2. The fee for type of school and 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 of State"
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 State level check and a Federal level Check from the Ohio Bureau of Criminal Identification and Investigation for the criminal history of the owner and authorizing official. The report shall be dated not more than 90 days prior to the date the application is received by the department.
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.

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 O.A.C. 4501-8-01.
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 "Abbreviated Adult 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 an "Abbreviated Adult 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 an "Abbreviated Adult 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 Program Office
P.O. Box 182081
Columbus, Ohio 43218-2081