



CHECKLIST FOR ITEMS FOR A INITIAL DRIVING SCHOOL

Enclosed are applications necessary for the issuance of a New Jersey licensed Driving School. Please ensure that all of the items are returned for the processing of a license:

- { } Initial application (must be signed and sealed by the Zoning officer or clerk of the municipality where the business is located)
- { } List of driving instructors and Signature record list
- { } Specific **Qualified** supervising instructor as defined in N.J.A.C 13:23-1.1 – Need a letter from current school owner for proof of **500** hours
- { } Sample of contract and sample of service record
- { } Statement of whether classroom instruction is offered
- { } Proposed yellow page (phone directory) advertisements { } Other proposed advertisements
- { } Photocopy of money receipts
- { } Hours of operation form
- { } Proof of Worker’s Compensation coverage for all employees
- { } Original Certificate of Insurance in the amounts of \$250,000 bodily injury and \$50,000 property damage. The certificate holder should read:

Motor Vehicle Commission – Driving School Section
P.O. Box 168
Trenton, NJ 08666-0168

- { } Copy of corporate papers (if incorporated)
- { } \$10,000 Surety Bond (form enclosed)
- { } Summary application (all owners, officers, or partners)
- { } Child support form (all owners, officers, or partners)
- { } Fingerprint receipt from Sagem Morpho, Inc. (if not on file)
- { } Copy of Federal Tax Identification Number
- { } License fee(s) made payable to: **NJMVC**
 - \$250.00 School license \$75.00 each Initial Instructor
 - \$25.00 each Authorized Agent \$3.00 each Instructor transfer

The following items must be “on-location” at the time of scheduled site investigation:

- Landline telephone
- Telephone answering machine
- Locked file cabinet/safe
- Dual controlled vehicle(s) owned/leased and registered in the Driving School or lessor

I certify that the above items are being submitted for the processing of a Driving School license. My failure to submit the required documents will be cause for the application package being returned and the site inspection voided.

APPLICANT PRINT NAME

APPLICANT’S SIGNATURE and DATE

BUSINESS LICENSING SERVICES BUREAU

SUPPLEMENTARY APPLICATION

BUSINESS NAME		BUSINESS PHONE #	
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX, IF ANY			
2. STREET ADDRESS		CITY	STATE
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?			HOME PHONE #
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.			
5. DATE OF BIRTH (MO. DAY, YEAR)		6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)	
7. SEX	8. HEIGHT	9. WEIGHT	10. COLOR OF EYES
11. SOCIAL SECURITY NUMBER		12. DRIVER LICENSE NUMBER (STATE)	
13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? YES NO			
IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.			
14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
SIGNATURE: _____ DATE _____			
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX. IF ANY			
2. STREET ADDRESS		CITY	STATE
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?			HOME PHONE #
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.			
5. DATE OF BIRTH (MO. DAY, YEAR)		6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)	
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14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
SIGNATURE: _____ DATE _____			

CHILD SUPPORT CERTIFICATION FORM

Business Name

Applicant's Name (Print)

Date of Birth

Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq., responses to the questions listed below are required. Misstatements will be just cause to take administrative action including, but not limited to, denial of licensure, immediate suspension or revocation of the license.

1. Do you have a child support obligation? Yes No
2. If yes, do the arrearage amounts equal or exceed the amount of child support payable for six months? Yes No
3. Are you subject to a child-support warrant? Yes No

I certify that the foregoing responses made by me are true and I am aware that the making of false statements may subject me to contempt of court.

Signature

Date



Motor Vehicle Commission

Trenton, New Jersey

STATE OF NEW JERSEY
BUSINESS LICENSING SERVICES BUREAU

TO ALL DRIVING SCHOOL OWNERS

The New Jersey Motor Vehicle Commission has now established a live fingerprint scan process to streamline criminal background checks required as a condition of licensure.

As part of the Business License application process, it is required that all applicants, authorized agents or driving school instructors, proprietors, partners and corporate officers, schedule an appointment with the State's private fingerprint scan vendor **MorphoTrak** (formerly Sagem Morpho, Inc.)

All you need do is call this toll free number **1-877-503-5981 (English or Spanish Operators)** or **TTY-1-800-673-0353 (HEARING IMPAIRED Modem Required)** to arrange an appointment to be scanned at an established site. **When scheduling your appointment, you will be asked to provide certain personal information including your driver's license and social security number.** Please make sure you have this information available when scheduling your appointment. In addition, you will be asked to provide the following Motor Vehicle Commission identification numbers:

ORIGINATING AGENCY REFERRAL NUMBER (ORI)	NJ920530Z
AGENCY CASE NUMBER	(Your Driver License Number)
CATEGORY	MVK
DOCUMENT TYPE	RB 1
STATUTE	39:12-2 and 3 COMMERCIAL DRIVING SCHOOL LICENSE

Please complete the applicant information form contained on the back of this letter. Though certain information is already filled in, you will need to supply certain personal information in blocks 9 through 26 as well as your driver's license number in block 7 which will be used as your agency case number. Please have this form filled in and present it when you appear for your appointment along with the proper photo identification as noted on the back of this letter.

After supplying this information you will be scheduled for an appointment at one of the electronic scan sites. You will be required to pay a one-time fee in the amount of **\$67.50** incorporating all required background checks. Payment must be made at the time of scheduling your appointment. **AT THE TIME OF SCANNING YOU WILL RECEIVE A RECEIPT FROM THE STATE'S VENDOR. PLEASE SUBMIT THIS RECEIPT OR A COPY THEREOF AS PART OF YOUR BUSINESS LICENSE APPLICATION PACKAGE.**

If you have any questions concerning this procedure, please contact the following area:

**NEW JERSEY MOTOR VEHICLE COMMISSION
BUSINESS LICENSING SERVICES BUREAU
DRIVING SCHOOL LICENSING SECTION
(609) 292-6500 ext.5094**

PLEASE BRING THIS LETTER AND PHOTO IDENTIFICATION WITH YOU WHEN YOU APPEAR TO BE FINGERPRINTED



Motor Vehicle Commission

Trenton, New Jersey

STATE OF NEW JERSEY
BUSINESS LICENSING SERVICES BUREAU

TO ALL AUTHORIZED AGENTS AND INSTRUCTORS

The New Jersey Motor Vehicle Commission has now established a live fingerprint scan process to streamline criminal background checks required as a condition of licensure.

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AGENCY CASE NUMBER	(Your Driver License Number)
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STATUTE	39:12-5 and 6 COMMERCIAL DRIVING SCHOOL LICENSE

Please complete the applicant information form contained on the back of this letter. Though certain information is already filled in, you will need to supply certain personal information in blocks 9 through 26 as well as your driver's license number in block 7 which will be used as your agency case number. Please have this form filled in and present it when you appear for your appointment along with the proper photo identification as noted on the back of this letter.

After supplying this information you will be scheduled for an appointment at one of the electronic scan sites. You will be required to pay a one-time fee in the amount of **\$70.25** incorporating all required background checks. Payment must be made at the time of scheduling your appointment. **AT THE TIME OF SCANNING YOU WILL RECEIVE A RECEIPT FROM THE STATE'S VENDOR. PLEASE SUBMIT THIS RECEIPT OR A COPY THEREOF AS PART OF YOUR BUSINESS LICENSE APPLICATION PACKAGE.**

If you have any questions concerning this procedure, please contact the following area:

**NEW JERSEY MOTOR VEHICLE COMMISSION
BUSINESS LICENSING SERVICES BUREAU
DRIVING SCHOOL LICENSING SECTION
609-292-6500 ext.5094**

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STATE OF NEW JERSEY
Motor Vehicle Commission

SURETY BOND OF DRIVING SCHOOL

Bond No. _____

Effective Date _____ Expiration Date _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____
(Business Name)

as Principal, and _____, a Surety Company qualified and duly licensed to do business in the State of New Jersey, as Surety, are held and firmly bound unto the **PEOPLE OF THE STATE OF NEW JERSEY**, in the penal sum of **TEN THOUSAND AND NO/100DOLLARS** (\$10,000.00), lawful money of the United States of America, for the payment of which, well and truly made, the undersigned Principal and Surety bind themselves, their respective heirs, administrators, successors, and assigns, jointly and severally, firmly by these presents.

The **CONDITION** of the foregoing obligation is such, that whereas Principal has made, or is about to make, application to the State of New Jersey for a **DRIVING SCHOOL LICENSE**.

NOW THEREFORE, if the Principal in its business of operating a Driving School shall not practice any fraud and shall not make any fraudulent representations which cause monetary loss to a person taking instruction from the school, then this obligation will be null and void, otherwise to remain in full force and effect.

This bond shall be effective on _____ day of _____, 20_____, and shall run concurrently with the period of the license granted to the Principal, and shall remain in the full force and effect for any renewals thereof, provided, however, that the penalty of said bond shall not be cumulative from year to year, and the total liability of Surety herein shall not exceed the sum of \$10,000.00, regardless of the number of license periods for which said bond is in force.

It shall be the responsibility of the surety to notify the New Jersey Motor Vehicle Commission immediately upon the payment of any funds which decrease the liability of the surety under this bond, and immediately upon acquiring knowledge of a final judgement for which the surety is liable under the bond.

This bond may be canceled by the Surety upon the Surety serving written notice upon the Motor

Vehicle Commission of its desire to cancel, and the cancellation date shall be thirty (30) days from the date said notice of cancellation is received.

IN WITNESS WHEREOF the said Principal and Surety have hereunto signed these presents

this _____ day of _____ 20 _____

CORPORATE SEAL

Principal (Licensee)

Signature & Title (Licensee)

Sworn to and subscribed before

Me this _____ day of
_____ 20 ____.

Surety (Firm's Name)

Signature
Notary Public of New Jersey

Address of Surety

County

Attorney-in-Fact for Surety



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 168
Trenton, New Jersey 08666-0168
Phone: (609) 292-6500 ext.5094

DRIVING SCHOOL BUSINESS HOURS

Name of School _____ License No. _____

Address _____

Days Open for Business	Busine	ss Hours
Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To

Signature of Proprietor, partner or officer _____

Date _____



DRIVING SCHOOL

SUBJECT: Approved behind-the-wheel course for Commercial Driving Schools Special learner permits.

It is mandatory that the following listed instructions be included in all courses given by a commercial driver school to students utilizing a special learner's permit. The course must be a minimum of six hours actual behind-the-wheel instruction.

Starting:

- Adjusting of seat, mirrors
- Seat belts
- Check parking brake
- Gear shift in proper position
- Ignition switch on
- Starting of engine

Signaling:

- Check traffic
- Putting vehicle in motion

Stopping:

- Checking traffic
- Signaling
- Proper position
- Stopping vehicle smoothly and safely
- Gear shift in proper position
- Setting parking brake
- Shutting engine off

Steering:

- Proper hand positions on wheel
- Proper grip on wheel
- Center of lane
- Aim high in steering

Turning:

- Signaling
- Vehicle Position
- Right turns
- Left turns
- Right turn on red

Backing:

- Checking traffic
- Hand position
- Straight line
- Speed control

Highway Driving:

- Lane Positioning
- Signaling
- Changing lanes
- Speed control
- Merging

Intersections:

- Signaling
- Lane positioning
- Right of way
- Passing

Three Point Turn:

- Signaling
- Vehicle positioning
- Checking of traffic
- Turning

Parking:

- Signaling
- Checking of traffic
- Vehicle positioning
- Hand position
- Turning of wheel
- Speed control
- Proper gear position
- Set brakes
- Ignition off
- Remove Key



Motor Vehicle Commission

P. O. Box 168
Trenton, New Jersey 08666

STATE OF NEW JERSEY
BUSINESS LICENSING SERVICES BUREAU

(609) 292-6500 ext.5094

TO: DRIVING SCHOOL OWNERS

1. The initial instructor application, a \$75.00 check or money order made payable to NJMVC, Child support certification form and a copy of receipt for fingerprint scanning must be mailed to Business Licensing Services Bureau, Driving School Section, POB 168 Trenton, NJ 08666, after the applicant(s) has appeared for the tests.
2. Written and vision test will be administered when applicant appears at the Driver Testing Center. All applicants who wish to obtain an Initial Driving School Instructor's license may do so on a **walk in** basis between the hours of 8:00 a.m. and 11:00 a.m. at the following Driver Testing Centers and Inspection Stations:

Cherry Hill Driver Testing Executive Campus Ste 110 Bldg # 1 Cherry Hill NJ 08002	WRITTEN TEST ONLY
Cherry Hill Inspection 617 Hampton Rd. Cherry Hill NJ 08002	ROAD TEST ONLY
Eatontown Driver Testing 109 Rt. 36 Eatontown NJ 07724	WRITTEN & ROAD TEST
Miller Air Park Driver Testing Rt. 530 & Mule Rd. Berkeley Twp NJ 08721	Tuesday, Wednesday, Thursday WRITTEN & ROAD TEST
Rahway Driver Testing 1140 Woodbridge Rd. & Hazelwood Ave. Rahway NJ 07065	WRITTEN & ROAD TEST
Trenton Driver Testing (Bakers Basin) 3200 Brunswick Pike (Rt. 1) Lawrenceville NJ 08648	WRITTEN & ROAD TEST
Wayne Driver Testing 481 Rt. 46 West Wayne NJ 07470	WRITTEN & ROAD TEST
West Deptford Driver Testing 215 Crown Point Road Thorofare NJ 08086	WRITTEN TEST ONLY
3. Scheduling the road test will be made by the Driver Testing Center after the vision and written testing phase has been successfully completed. The road test **may** be scheduled the same day if time and staffing allows. If the road test is full, the test will be scheduled on the next available day.
4. The license will not be issued until we receive the results of the instructor test and the fingerprint check.

DRIVING SCHOOL - INITIAL INSTRUCTORS LICENSE APPLICATION

FEE: \$75.00

D.L. Check _____

Instructor License
Number _____

Expires _____

To be submitted to Motor Vehicle Services for the purpose of securing approval to engage in motor vehicle driving instructions by an owner, officer or employee (full or part-time) in connection with a driving school license pursuant to the provisions of 39:12 R.S.

ALL APPLICANTS ARE REQUIRED TO PASS A KNOWLEDGE TEST, VISION TEST, DRIVING INSTRUCTION TEST AND JUDGMENT OF DRIVING ABILITY TEST GIVEN BY MOTOR VEHICLE SERVICES, AND ARE REQUIRED TO SUBMIT TO FINGERPRINTING.

The Instructor applicant will complete both sides of this application.

Date _____

Print Name _____ Telephone No. _____

Resident Address _____
(Street) (City) (State) (Zip Code)

PERSONAL DESCRIPTION:

Date of Birth _____ Weight _____ Height _____ Color Eyes _____

Any Permanent physical marks? Yes _____ No _____ If so, describe _____

Do you possess a current N.J. Driver's License? Yes _____ No _____

N.J. Driver License No. _____ Expiration Date _____

Have you held a N.J. Driver License for the last four consecutive years? Yes _____ No _____

If no, give residence address in state where you were previously licensed _____

NOTE: You must submit a certified abstract of your driving record if the state of licensure is other than New Jersey, and a copy of your Drivers License.

Has your driver license privilege ever been suspended or revoked in this or any other state?

Yes _____ No _____ If yes, give particulars

Name of Driving School _____

Address of Driving School _____
(Street) (City) (State)

State your position with driving school. Owner _____ Partner _____ Officer _____ Employee _____

Have you ever applied for a Driving School Instructor License, or Driving School License in this or any other state? Yes ___ No ___

Have you ever been denied a driver's license, a driving instructor license or a driving school license in this or any other state?

Yes ___ No ___ If yes, give particulars

Have you ever been convicted of inducing another to resort to fraud or fraudulent practices in relation to securing a license to drive a motor vehicle or motorcycle? Yes ___ No ___

If yes, give particulars

Have you ever been arrested for, charged with, indicted for or convicted of any of the offenses enumerated in 13:23-2.12? Yes ___ No ___ If yes, give particulars

CIVIL AND FEDERAL OFFENSE HISTORY (INCLUDING COURT MARTIAL)
(RECORD ALL ARRESTS AND CONVICTIONS)

Date	Offense	Court Disposition	Penalty

I, THE UNDERSIGNED, DECLARE THAT I AM THE APPLICANT NAMED HEREIN, KNOW THE CONTENTS OF THIS APPLICATION, AND CERTIFY THE CONTENTS HEREIN TO BE TRUE.

(Signature of Applicant) (Date)

SCHOOL OWNER'S STATEMENT OF CONSENT

I am the owner, or partner or officer of the Driving School listed herein, and believing the information given herein is true, hereby endorse consent in the issuing of an instructor license to the applicant.

(Signature)

(Title)

(Date)

Initial instructor applicants are required to submit to tests prescribed by the Chief Administrator to determine that they possess the minimum qualifications for licensing.

"AUTHORIZED AGENT" APPLICATION - DRIVING SCHOOL

Initial _____

DL Check _____

Renewal _____

Name (Print) _____ Phone No. _____

Address _____

City, State, Zip Code _____

Age _____ Date of Birth _____ Height _____

Weight _____ Color of Hair _____ Color of Eyes _____

Driver's License No. _____ Expires _____

State of Licensure _____

Driving School by whom you are to be employed _____

Answer the following questions:

1. Have you ever been arrested for, charged with, indicted for or convicted of any of the offenses enumerated in 13:23-2.12? _____ If "yes" explain.

2. Have you ever had your driving privileges suspended or revoked in this or any other state? _____ If "yes" explain.

3. Have you ever been refused a drivers license in this or any other state? _____ If "yes" explain.

SIGNATURE OF APPLICANT_____
DATE

The following is to be completed by Driving School Owner.

I hereby certify that the applicant here named is applying with my authorization, for approval to act as an "Authorized Agent" for the _____

_____ Driving School.

It is understood that the "Authorized Agent" shall be permitted to transport the school's students to a Driver Testing Center to take the driving test portion of the driver's examination or to purchase a permit.

SIGNATURE OF SCHOOL OWNER, PARTNER OR OFFICER

DATE:

INSTRUCTIONS TO APPLICANT

This application must be accompanied by:

1. A certified abstract of your driving record from the Driver's Licensing State if other than New Jersey (initial and renewal), and a copy your Drivers License.
2. FEE. \$25.00 (one year period). Check or money order made payable to NJ Motor Vehicle Commission or NJMVC Business License Compliance.

This application is to be submitted to Motor Vehicle Commission, Business License Services, P.O. Box 168, Trenton, New Jersey 08666-0168.