



Robert L. Quinn
Commissioner of Safety

State of New Hampshire
DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
23 HAZEN DRIVE, CONCORD, NH 03305
Telephone: (603) 227-4000 TDD Access Relay NH 7-1-1



John C. Marasco
Director of Motor Vehicles

Driving School License Application

Driving School Information

School Name: _____

School License #: _____

Mailing address: _____

Legal address: _____

School telephone #: _____

School email: _____

This business is a: sole-proprietorship, corporation, partnership.
(check one)

Applicant Information

Name: _____ Date of Birth: _____

Mailing address: _____

Legal address: _____

Home telephone #: _____ Cell Phone #: _____

Classroom Location

School name (if applicable): _____

Street: _____ City _____, State ____, Zip: _____

School name (if applicable): _____

Street: _____ City _____, State ____, Zip: _____

School name (if applicable): _____

Street: _____ City _____, State ____, Zip: _____

School name (if applicable): _____

Street: _____ City _____, State ____, Zip: _____

School name (if applicable): _____

Street: _____ City _____, State ____, Zip: _____

School name (if applicable): _____

Street: _____ City _____, State ____, Zip: _____

School name (if applicable): _____

Street: _____ City _____, State ____, Zip: _____

School name (if applicable): _____

Street: _____ City _____, State ____, Zip: _____

Vehicles

All vehicles listed must be in full compliance with the rules listed under SAF-C 3111
Equipment – Driver Education Vehicles

Year: _____ Make: _____

Model: _____ License plate #: _____

Year: _____ Make: _____

Model: _____ License plate #: _____

Year: _____ Make: _____

Model: _____ License plate #: _____

Year: _____ Make: _____

Model: _____ License plate #: _____

Year: _____ Make: _____

Model: _____ License plate #: _____

Year: _____ Make: _____

Model: _____ License plate #: _____

Year: _____ Make: _____

Model: _____ License plate #: _____

Year: _____ Make: _____

Model: _____ License plate #: _____

Partners and /or Corporate Officers Information

Pursuant to Saf-C 3108.02 each applicant, partner and officer shall submit their motor vehicle record from New Hampshire or any state where a driver license was previously held and their criminal history record check.

Name: _____ Date of Birth: _____

Address: _____

Home telephone #: _____ Position: _____

Name: _____ Date of Birth: _____

Address: _____

Home telephone #: _____ Position: _____

Name: _____ Date of Birth: _____

Address: _____

Home telephone #: _____ Position: _____

Name: _____ Date of Birth: _____

Address: _____

Home telephone #: _____ Position: _____

Name: _____ Date of Birth: _____

Address: _____

Home telephone #: _____ Position: _____

Name: _____ Date of Birth: _____

Address: _____

Home telephone #: _____ Position: _____

Instructor information

Name: _____ Date of birth: _____

Legal address: _____

Mailing address: _____

Telephone: Home/Cell #: _____ Driver Lic. #: _____

Certificate #: _____ Certificate Exp. Date: _____

Name: _____ Date of birth: _____

Legal address: _____

Mailing address: _____

Telephone: Home/Cell #: _____ Driver Lic. #: _____

Certificate #: _____ Certificate Exp. Date: _____

Name: _____ Date of birth: _____

Legal address: _____

Mailing address: _____

Telephone: Home/Cell #: _____ Driver Lic. #: _____

Certificate #: _____ Certificate Exp. Date: _____

Name: _____ Date of birth: _____

Legal address: _____

Mailing address: _____

Telephone: Home/Cell #: _____ Driver Lic. #: _____

Certificate #: _____ Certificate Exp. Date: _____

Has applicant, partner, and/or corporate officer ever been convicted of any crime?

Yes No (check one)

If yes, please indicate – who, list the conviction date and explain the nature of each offense:

Are you, the partners, corporate officers and/or employees, thoroughly familiar with RSA 263 and the NH code of Administrative Rules Chapter Saf-C 3100, Driver Education rules?

Yes No (check one)

Has the applicant, any partner or corporate officer previously applied or been licensed to operate a drivers' school in this state or any other state?

Yes No (check one)

If yes, please provide the name of the states:

I, the undersigned, hereby certify that all information contained in this application is true. I further certify that all vehicles used in the instruction of driver's education meet all requirements under Saf-C 3111.

Signature

Title

Date

This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

Original application fee \$200.00

Renewal application fee \$100.00

Make check payable to: **State of New Hampshire – DMV**

Do not mail cash

Motor vehicle drivers' school licenses expire December 31.

For Official Use Only

Approved:

Date: _____

Denied:

Supervisor of Driver Education