



Motor Vehicle Division

96-0315 R06/16 azdot.gov

Mail Drop 515M
Driver Services
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

**PROFESSIONAL DRIVER
TRAINING SCHOOL APPLICATION**

- Print or type; must be legible, complete and correct
- If not applicable, enter "NA"
- If additional space is needed, attach separate sheet
- All fees may be paid by check or money order, payable to Motor Vehicle Division

Application is hereby made for a license to engage in the following Professional Driving School (PDS) activities. A \$200.00 fee is required for **each training activity**.

Commercial (CDL) Driver Training Indicate license class: A=Class A, B and C; B=Class B and C; C=Class C only <input type="checkbox"/> Truck – Class: ___ <input type="checkbox"/> Coach-Transit Bus – Class: ___ <input type="checkbox"/> School Bus – Class: ___			
Business Type <input type="checkbox"/> Sole Proprietorship ¹ <input type="checkbox"/> General Partnership ¹ <input type="checkbox"/> Corporation ² <input type="checkbox"/> LLC ² <input type="checkbox"/> LLP ² <input type="checkbox"/> Government/Political Subdivision <input type="checkbox"/> Other: <small>¹ Attach Authorized Presence Documentation form # 96-0560 ² Attach copy of Articles of Incorporation or Organization as filed with the Arizona Corporation Commission</small>			
Company Name			Employer Identification Number
Doing Business As (DBA)			
Mailing Address		City	State Zip
Established Business Address (where instruction will be provided)		City	State Zip

List all additional branch locations on the Professional Driver Training School Supplement form # 96-0321 and attach.

Principal Business Address (administrative/operation headquarters, where records will be secured)

Address (if different from Mailing Address)		City	State	Zip
Office Days and Hours <input type="checkbox"/> M: <input type="checkbox"/> Tu: <input type="checkbox"/> W: <input type="checkbox"/> Th: <input type="checkbox"/> F: <input type="checkbox"/> Sa: <input type="checkbox"/> Su:				
Skills Training Days and Hours <input type="checkbox"/> M: <input type="checkbox"/> Tu: <input type="checkbox"/> W: <input type="checkbox"/> Th: <input type="checkbox"/> F: <input type="checkbox"/> Sa: <input type="checkbox"/> Su:				
Phone Number ()	Fax Number ()	E-mail Address		

Business Manager

Business Manager Name (first, middle, last suffix)			Arizona Driver License Number	
Street Address		City	State	Zip
Mailing Address (if different from Street Address)		City	State	Zip

Statutory Agent – Must be an Arizona resident.

Statutory Agent Name (first, middle, last suffix)			Arizona Driver License Number	
Street Address		City	State	Zip
Mailing Address (if different from Street Address)		City	State	Zip

Contact Person – The person named below is the contact person authorized to perform all functions in connection with the day to day operations of this entity, including communication between the business and MVD.

Contact Person Name (first, middle, last suffix)		Title		
Phone Number ()	Fax Number ()	E-mail Address		

Applicants – Applicants, partners, sole proprietor and all stockholders owning 20% or more of the entity.

Applicant Name (first, middle, last suffix)	Title	Driver License Number	State
Residence Address	City	State	Zip Stock %

Applicant Name	Title	Driver License Number	State
Residence Address	City	State	Zip Stock %

Applicant Name	Title	Driver License Number	State
Residence Address	City	State	Zip Stock %

Applicant Name	Title	Driver License Number	State
Residence Address	City	State	Zip Stock %

Yes No Within the past 5 years, has any person on this application had a **similar license revoked** in this or any other state? If Yes, complete the following.

Applicant Name (first, middle, last, suffix)	Year License Was Revoked
Business Name	
State	Country

Site Information – This portion **must be completed in full**. Please indicate N/A if not applicable.

Established Place of Business to be Licensed

Yes No N/A Will the building be devoted principally to the school business?

If No, provide reason: _____

The place of business is a: Building Suite Trailer

Yes No N/A If suite, does it have its own private entrance from the outside?

Yes No N/A If trailer, is it permanently affixed?

Must attach photos as follows:

- Sign indicating hours of operation
- Entrance of both office and classroom
- Front and back view of classroom
- Office area and secured records storage
- Your school-front and store-fronts of surrounding businesses

If providing skills instruction, include photos of:

- Training/skills track (also provide diagram with dimensions of proposed track locations)
- All parking skill exercises

Record Keeping

Yes No Will the records be maintained at the Established Business Address shown on the front?

If No, where will records be maintained? _____

Yes No N/A Is there space designated for storage of records?

Certification – By submitting this application, I certify that all information provided is true and correct, and that all fingerprint clearance cards submitted are true and exact copies of the original. I understand that any misrepresentation or misstatement in the application may cause the application to be denied. If individual, must be signed by owner. If partnership, must be signed by all partners. If corporation, must be signed by one corporate officer.

Applicant Name (first, middle, last suffix)	Applicant Signature	Date
Applicant Name	Applicant Signature	Date
Applicant Name	Applicant Signature	Date
Applicant Name	Applicant Signature	Date

The following portions of A.R.S. § 41-1030 are provided for your reference:

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorized the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.

This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.