

## DRIVING SCHOOL ENDORSEMENT APPLICATION

\_\_\_\_\_  
Corp Code

\_\_\_\_\_  
Driving School Number

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
County

\_\_\_\_\_  
Zip

Please indicate the endorsement(s) for which you are applying:

- Written Law Knowledge Examination \$250 Fee
- Vision Examination \$250 Fee

I certify that I have reviewed and understand the regulations (N.J.A.C.13:25-5.1 et. Seq.) pertaining to issuance of the above requested endorsement(s) including the requirements outlined in "Written Law Knowledge and Vision requirements for Driving Schools".

\_\_\_\_\_  
Signature of Owner, Partner, Member or Corporate Officer

\_\_\_\_\_  
Print Name of Owner, Partner, Member or Corporate Officer

\_\_\_\_\_  
Date

Note: Instructors interested in attending the Written Law Knowledge and Vision Examination requirement training, please contact Business Licensing Services at the above referenced e-mail.