

STATE OF NEW JERSEY

Philip D. Murphy
Governor

Sheila Y. Oliver
Lt. Governor

Latrechia Littles-Floyd
Acting Chair and Chief Administrator

Announcement All Initial Individual License Applicants

The New Jersey Motor Vehicle Commission, Business Licensing Services Bureau (BLS) is pleased to announce that beginning July 10, 2017; BLS will discontinue the practice of requiring an up-front application fees with the submission of an initial individual license application for the following license privileges:

- Driving School Initial Instructor
- Driving School Authorized Agent
- Probationary Driver Program Instructor (“PDP”)
- Driver Improvement Program Instructor (“DIP”)

This change will bring greater efficiency, recording and accounting for all initial application funds and reduce the risk of lost payments.

A notification requesting payment for the license will be sent after preliminary approval of all licensing requirements. Your license will be mailed or delivered to the driving school once your payment is processed.

Your compliance with this policy is greatly appreciated. For further information on the initial licensing process, call 609 292-6500 x5014.

“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 _____ Eye Color _____

Driver's License NO. _____ Expires _____

State of Licensure _____

Driving School by whom you are to be employed _____ ID# _____

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? Yes No If "yes" please explain.

2. Have you ever had your driving privileges suspended or revoked in this or any other state? Yes No If "yes" please explain.

3. Have you ever been refused a drivers license in this or any other state? Yes No If "yes" please 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 Driver's 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.

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CHILD SUPPORT CERTIFICATION FORM

Business Name

Applicant's Name (Print)

Date of Birth

Social Security Number

*You **must** disclose your social security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure.

Pursuant to N.J.S.A. 54:50-25 et seq. of the New Jersey taxation law and N.J.S.A. 2A:17-56.7a, N.J.S.A. 2A :17-56.60 et seq. of New Jersey Child Support Program Improvement Act, the licensing agency to which this form is submitted is required to obtain your Social Security number. Pursuant to these authorities, the licensing agency is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law, updating, and correcting tax records,
- and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

Under the provisions of N.J.S.A. 2A:17-56.7 et seq., responses to the questions listed below are required. Intentional misstatements may result in 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

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Fingerprint Request Notification

In accordance to regulatory requirements, it is mandated that all persons identified in the initial business application (proprietors, partners, corporate officers, applicants, providers, instructors and driving school authorized agents) undergo a live scan criminal background check by the state approved vendor. Submission of your initial business application authorizes the Commission's Business Licensing Bureau to request and receive criminal background check results.

Upon receipt of this notification, each person identified will be mailed a fingerprint application and instructional sheet. Once fingerprinted, the receipt and fingerprint application for each person listed must be forwarded to MVC, as proof of completion. The processing of your business application will not begin until all receipts are received.

Complete the attached Fingerprint Request Notification Form listing each person identified in the business application. If an e-mail address is provided, the documents will be e-mailed to those individuals, otherwise it will be mailed.

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Fingerprint Request Notification Form

Business Name: _____ Date: _____

Clearly PRINT the following information for all persons identified in the initial business application (all proprietors, partners, corporate officers, applicants, providers, instructors and driving school authorized agents)

Applicant Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail Address: _____

Applicant Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail Address: _____

Applicant Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail Address: _____