

STATE OF NEW JERSEY

**DRIVING SCHOOL INITIAL LICENSE APPLICATION CHECKLIST**

In order to ensure prompt processing of your Driving School Application, please submit all documents listed below:

- Completed the "Application for Driving School License" form.
- Completed "Applicant's Information" form BLC-205B for each individual applicant.
- Child Support Form BLS-43 for each individual applicant. This is to be completed even if you do not have child support obligations.
- Fingerprint Request Notification form BLS-163 for each individual applicant.
- Copy of the Driver License for each owner, partner(s), officer(s), or member(s). **(Each non-NJ resident must provide 6-points of identification. Information regarding required identification can be found at <https://www.nj.gov/mvc/license/6pointid.htm>.)**
- Passport size color photograph for each owner, partner(s), officer(s), or member(s). **(Print name on the back of each photograph)**
- Copy of the business Incorporation/Formation Papers showing the filing date with the NJ Division of Revenue.
- Copy of Alternate/Fictitious Name Filing Certificate if you are using a "Tradename."
- Copy of the Federal Employee Identification Number (FEIN) Registration Certificate.
- Copy of NJ Certificate of Authority for Sales Tax.
- Copy of Property Deed or Lease/Rental Agreement .
- Driving School Business Hours Form BLC-86A.
- Municipal Approval Certificate for Business License – **signed and stamped by the municipality** form BLS-162.
- List of Licensed Driving Instructors.
- Specific **Qualified Supervising Instructor** as defined in N.J.A.C. 13:23-1.1, and you will need a letter from the current school owner for proof of the **500 hours**.
- Sample Contract and sample service record.
- Statement of whether classroom instruction is offered.
- Proposed yellow page (phone directory) advertisement.
- Other proposed advertisement.
- Photocopy of customer receipts.
- Copy of the phone bill or phone installation order for the business with the business name and address listed on the document.
- Worker's Compensation insurance or a statement advising no employees. If any employees are hired, you must immediately provide evidence of Worker's Compensation Insurance
- Original Certificate of Insurance in the amounts of \$250,000 bodily injury and \$50,000 property damage.
  - **The Certificate Holder Must Read**
    - **NJMVC P.O. Box 171, Trenton, NJ 08666-0171**
- \$10,000 Surety Bond which must expire on December 31, of the applicable year. (Form Enclosed)
- The fee for the issuance of a Driving School license is \$250.00, for a Branch location license \$200.00, for each initial Instructor license \$75.00, for each Authorized Agent license \$25.00 and for each Instructor's transfer \$3.00. A notification requesting payment for each license type will be sent after preliminary approval of all licensing requirements and a site inspection, where applicable.

**The following items must be "on-location" at the time of your scheduled site inspection:**

Landline Telephone                      Telephone Answering Machine                      Locked file cabinet/safe  
Dual controlled vehicle(s) owned/leased in the Driving School or lessor

BLC-3DS (R07/25)

STATE OF NEW JERSEY

**APPLICATION FOR DRIVING SCHOOL LICENSE**

The undersigned hereby applies for the license checked in Part 3 and submits the following certified statement:

1. \_\_\_\_\_  
 Name of Business (if corporation, corporate name) Business Phone \_\_\_\_\_

\_\_\_\_\_ **2. Please check:**

Trade Name  Corporation  Partnership

\_\_\_\_\_  Other  Proprietorship

Business Address \_\_\_\_\_

\_\_\_\_\_

City State Zip

**All applicants please provide the following information**

**3. Please check:**  
 Driving School License

And attach copies of proof thereof:

- A. NJ Sales Tax Identification Number \_\_\_\_\_
- B. NJ Unemployment Registration Number \_\_\_\_\_
- C. Federal Employer Identification Number \_\_\_\_\_

4. Complete the following for proprietor, partners or corporate officers:

Name	Title	Home Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Have any of the owners, partners or officers ever been arrested, charged, or convicted of a criminal or disorderly person offense in this or any other state?

Yes  No If yes, explain: \_\_\_\_\_

6. Has any current or prospective partner, officer, director, other controlling person, or employee of the applicant previously held a license issued under the authority of the Commission or any other state, which license was suspended or revoked and never reinstated?

Yes  No Give name and address of person: \_\_\_\_\_

7. Do the owners, principals, partners, or officers now hold, or have they ever held, any of the licenses governed by the NJ Motor Vehicle Commission Yes  No  If yes, please provide the type and number(s):

8. Have the license(s) provided above ever been suspended or revoked in New Jersey or any other jurisdiction?

Yes  No If yes, explain: \_\_\_\_\_

9. Does this business have a subsidiary company or a parent company?  Yes  No If yes, explain:

10. Have the owners, partners or officers, agents or employees of your organization ever used an alias or been known by any other name?  Yes  No If yes, explain:

11. Does any stockholder own more than 10% of the corporation's stock?  Yes  No  
If yes, give name, address and holding:

12. Place of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Date of authorization to do business in New Jersey: \_\_\_\_\_

**Attach copy of the Certificate of Incorporation/Formation which has been filed with the N.J. Secretary of State. Foreign Corporations must submit a copy of their Authorization to do business in New Jersey as a Foreign Corporation in addition to a copy of their corporate or formation papers.**

13. Does the location for which you seek a license, or seek to renew a license, comply with all State and local laws, ordinances and regulations?  Yes  No

14. The applicant certifies all information contained herein is true and agrees that any untruthful representation and any violation of the applicable statutes and regulations promulgated by the Commission shall be reasonable and proper grounds for license suspension or revocation and may subject the applicant to administrative, civil, or criminal penalty. Applicant further agrees to notify the Commission immediately of any change in the status of the business or of any other information which would change the answers and statements in this application or supplement thereto. \_\_\_\_\_ (initial)

15. I am, and will continue to be, in compliance with all State and local laws, regulations and ordinances regarding the operation of this business. \_\_\_\_\_ (initial)

16. The individual(s) signing this application certifies that they have read the applicable statutes and are thoroughly familiar with the details provided and potential penalties.

I, the undersigned, herby certify that I am the (Title) \_\_\_\_\_ of the above business named \_\_\_\_\_ and that the information I have submitted is true. I am aware that if any of the statements are willfully false, I am subject to penalty.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature and Title of Applicant

I, the undersigned, herby certify that I am Secretary/Member/Partner of the above corporation and have witnessed the signature of \_\_\_\_\_ who is (Title) \_\_\_\_\_ of said corporation.

\_\_\_\_\_  
Signature of Secretary/Member/Partner

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

License # \_\_\_\_\_

Date Issued: \_\_\_\_\_

Reg No. \_\_\_\_\_

EIN # \_\_\_\_\_

Email: \_\_\_\_\_

Technician: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Check No.: \_\_\_\_\_

Check Amount: \_\_\_\_\_



Visit us at [www.njmvc.gov](http://www.njmvc.gov)

New Jersey is an Equal Opportunity Employer

STATE OF NEW JERSEY

**APPLICANT'S INFORMATION**

PLEASE PRINT

BUSINESS NAME:		BUSINESS PHONE:	
1. APPLICANT FULL NAME (Including Middle and Suffix, if any):			
2. STREET ADDRESS:			
3. CITY:	4. STATE:	5. ZIP CODE:	6. COUNTY:
7. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?		8. HOME PHONE:	
9. LIST ALL THE CITIES, STATES AND FOREIGN COUNTRIES WHERE YOU HAVE LIVED:			
10. DATE OF BIRTH:	11. PLACE OF BIRTH (CITY, STATE, COUNTRY):	12. SEX:	
13. HEIGHT:	14. WEIGHT:	15. EYE COLOR:	
16. DRIVER LICENSE NUMBER:			
17. SOCIAL SECURITY NUMBER: _____ - _____ - _____ * You <u>must</u> 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:17-56.7 et. Seq. of the 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.			
18. HAVE YOU EVER BEEN CONVICTED OF A CRIME ARISING OUT OF FRAUD OR MISREPRESENTATION? YES NO IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY, AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINSTRATIVE TRIBUNAL BEFORE THE CASE TRIED, DATE, AND SENTENCE.			
<b>I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, ARE TRUE. I AM AWARE THAT IF ANY OF THE STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO ADMINISTRATIVE, CIVIL, AND/OR CRIMINAL PENALTY.</b>			
SIGNATURE: _____		DATE: _____	

BLC-205B (R07/25)



STATE OF NEW JERSEY

## FINGERPRINT REQUEST NOTIFICATION

In accordance with New Jersey law, all Driving School applicants are required to undergo a live scan criminal background check by the State approved vendor. Submission of your initial business application authorizes the Commission's Business License Services 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.

Do not get fingerprinted for this application until you have received the instructions from the Business License Services Bureau.

BLS-19 (R07/25)

STATE OF NEW JERSEY

**FINGERPRINT REQUEST NOTIFICATION FORM**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Clearly PRINT the requested personal information for Driving School license application.**

Applicant's Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 171
Trenton, New Jersey 08666-0171
(609) 633-6617
Fax: (609) 292-4400

STATE OF NEW JERSEY

DRIVING SCHOOL BUSINESS HOURS

Business Name: BUSINESS PHONE:

Street Address: HOME PHONE:

City: State: Zip:

CELL PHONE: Email:

Table with 3 columns: Day (Monday-Saturday), From: (dashed line), To: (dashed line)

I certify that all of the information included herein is true to the best of my knowledge and belief. I am aware that, if any of this information is willfully false, I am subject to penalty.

Applicant Name (Print) Title

Applicant Signature Date



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 171
Trenton, New Jersey 08666-0171
(609) 633-6617
Fax: (609) 292-4400

STATE OF NEW JERSEY

MUNICIPAL APPROVAL CERTIFICATE FOR BUSINESS LICENSE

Applicant
Business Name: BUSINESS PHONE:

Street Address: HOME PHONE:

City: State: Zip:

CELL PHONE: Email:

Approval Classification of Applicant:

A. Please check appropriate box

- Initial Application
Change of Address
Branch Location
Verification of Compliance

B. Please check appropriate type of license

- Driving School

Municipal Zoning Official Certification

I, am duly authorized to sign on behalf of the municipality of
County of State of New Jersey. I hereby certify that the Municipal

Governing Body or Zoning Commission has approved the location, establishment and maintenance of the above indicated

business located at: (Complete Address).

Please check the appropriate box:

- This site was visited by a Zoning Official/ Municipal Representative prior to approval.
This site was not visited by a Zoning Official/ Municipal Representative prior to approval.

Please specify any stipulations or restrictions of your zoning approval:

Municipal Seal

Signature of Zoning Officer/Municipal Official

BLS-162 (R07/25)

Print Name

Phone Number





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

STATE OF NEW JERSEY

## 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 driving 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
- Starting of engine

### **Signaling**

- Checking traffic
- Signaling

### **Steering**

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

### **Backing**

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

### **Highway Driving**

- Lane Positioning
- Signaling Lane Change
- Speed control
- Merging

### **Intersections**

- Signaling
- Vehicle positioning
- Right of way
- Passing

### **Parking**

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

### **Stopping**

- Checking Traffic
- Signaling
- Proper position
- Stopping vehicle smoothly and gear shift position
- Setting parking brake
- Shutting engine off

### **Three Point Turn**

- Signaling
- Vehicle positioning
- Checking for traffic
- Turning

### **Turning**

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

S7-116 (R07/25)