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STATE OF NEW JERSEY

**PLEASE READ CAREFULLY**

## Instructions for amending the following license privileges issued to individuals

DSI - Driving School Instructors  
DSA - Driving School Agent  
SDI - Secondary Driving Instructor  
INL - Inspector License  
AUD - Auditor

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If you currently hold one of the following license privileges noted above and wish to make any of the following changes, you must submit a duly completed application to amend your privilege on form number BLS - 48. The General Information and Individual License Certification sections must be completed for all change request.

- Transfer of Driving School Affiliation (Driving School & Agents Only)
- Licensee Name / Address Change (Out of State Resident)
- Driving School Endorsement Request (Driving School & Agents Only)
- Driving School Owner's statement of Consent

Mail your email completed application and supporting documents to:

NJ Motor Vehicle Commission  
Business Licensing Services Bureau  
P.O. Box 170  
Trenton, NJ 08666-0170

[mvccorpcodes@mvc.nj.gov](mailto:mvccorpcodes@mvc.nj.gov)

If you have any questions, you can contact the MVC Bureau of Business Licensing at the number listed above.

Application to Amend a (DSI, DSA, SDI, INL, AUD<sup>i</sup>) License

**Section A. GENERAL INFORMATION**

Please clearly print or type all information

Name			
Address	City	State	Zip Code
Driver License No.	State	Date of Birth	
Telephone Number	E-mail Address		
License Type	License No.		

**Section B. TRANSFER OF DRIVING SCHOOL AFFILIATION (Driving Instructors & Agents Only)**

PREVIOUS DRIVING SCHOOL			NEW DRIVING SCHOOL		
Business Name			Business Name		
Address	City	Zip Code	Address	City	Zip Code
Business Telephone Number	License No.		Business Telephone Number	License No.	

**The following documents must be submitted with this request:**

- Your Current Instructor/Agent License
- A notarized letter
- A statement of consent (Section E.)
- A check or money order for \$3.00.

**Section C. LICENSEE NAME / ADDRESS CHANGE (Out-of- state only)**

PREVIOUS INFORMATION	CURRENT INFORMATION
Name	Name
Address	Address
City State Zip Code	City State Zip Code

**The following documents must be submitted with this request:**  
 Copy of your out-of-state driver's license  
 6 Points of Identification to include your social security number  
 A copy of your legal name change documents (if applicable)  
 A notarized letter

**Section D. DRIVING SCHOOL ENDORSEMENT REQUEST (Driving Instructors & Agents Only)**

I am requesting an endorsement for the driving school listed below:

Owner's Name: \_\_\_\_\_

School Name: \_\_\_\_\_ License No. \_\_\_\_\_

School Address: \_\_\_\_\_

**Section E. DRIVING SCHOOL OWNERS STATEMENT OF CONSENT**

I am the owner, or partner, or officer of the business listed herein and believe the information given herein is true. I hereby consent to the issuing of the appropriate license change as requested by the applicant.

School Name: \_\_\_\_\_ License No. \_\_\_\_\_

Schools Address: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Section F. INDIVIDUAL LICENSE CERTIFICATION STATEMENT**

The individual submitting this application must complete this Certification.

**ANY FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION WILL SUBJECT THE INDIVIDUAL TO CIVIL AND CRIMINAL PENALTIES ALLOWED BY LAW.**

I, (full name) \_\_\_\_\_, state that I am

(Title) \_\_\_\_\_ of (business name) \_\_\_\_\_, and that I have read and understood the questions contained in the attached application and all of its parts. I certify under penalty of law, that the information given in response to each question and/or part is complete and truthful. I acknowledge that the New Jersey Motor Vehicle Commission may, by any means it deems appropriate, determine the accuracy and truth of the statements made in the application.

**I understand that the information submitted is for the express purpose of requesting that the New Jersey Motor Vehicle Commission amend my license. I agree and further certify that my responses herein are complete and truthful.**

\_\_\_\_\_/\_\_\_\_\_  
Name (print) Date

\_\_\_\_\_/\_\_\_\_\_  
Signature Title

Mail your completed application and required supporting documents to:

Motor Vehicle Commission  
Business Licensing Services Bureau  
P.O. Box 170  
225 East State Street  
Trenton, NJ 08666-0170

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