



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 170
Trenton, New Jersey 08666-0170
(609) 292-6500 ext.5094

REMEDIAL DRIVER EDUCATION PROGRAM INITIAL PROVIDER LICENSE APPLICATION

Select the remedial driver education program(s) for which you are applying:

Driver Improvement Program Provider

Probationary Driver Program Provider

Select your provider type:

Licensed NJ Commercial Driving School

Statewide Safety Organization

DS# _____

(Complete all questions)

(Complete question # 1 only, and sign application.)

1. NJ Corp Code _____

2. Please check the appropriate box

Business Name

Corporation

Street Address

LLC

City

Zip Code

County

Partnership

Proprietorship

3. Do you intend to trade or do business under a name other than the name in which this application is being filed?

Other: _____

No

Yes – Give name: _____

4. Provide the following information and attach copies of proof thereof:

A. NJ State Tax Identification Number _____

B. NJ Unemployment Registration Number _____

C. Federal Employer Identification Number _____

D. Place of Incorporation / Formation _____

E. Date of Incorporation / Formation _____

F. Date of authorization to do business in New Jersey _____

Attach a copy of the Certificate of Incorporation/Formation Certificate 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, as well as a copy of their Corporation/Formation documents.

5. Provide a schedule of your business hours:

Monday.....From _____ To _____

Tuesday..... From _____ To _____

Wednesday..... From _____ To _____

Thursday.....From _____ To _____

Friday..... From _____ To _____

Saturday.....From _____ To _____

6. Print the name, address and business phone number of the driving school or Statewide safety organization's principal(s), partner(s), or corporate officer(s). (Use additional sheets if necessary.)

Name	Address	Business Phone Number	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Print the name, address and phone number of a registered agent designated to receive service of process on behalf of the applicant. The Registered Agent must be located and available at a physical street address within the State of New Jersey during normal business hours.

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Print the name, address and business phone number of the individual(s) authorized to transmit remedial driver education course completion information to the Commission. (Use additional sheets, if necessary.)

Name	Address	Business Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Have any of the principals, partners or corporate officers ever been convicted of a criminal or disorderly person's offense in this or any other state?

Yes If yes, explain: _____

No _____

10. Have any of the principals, partners, corporate officers, registered agents or employees of your organization ever used an alias or been known by any other name?

Yes If yes, explain: _____

No _____

11. Have any of the principals, partners or corporate officers ever held any New Jersey Motor Vehicle Commission business license?

Yes If yes, Type of License _____ License Number _____

No

12. Has the license identified in question 11 ever been suspended or revoked?

Yes If yes, explain: _____

No _____

Certification

I acknowledge that I have read and understand the regulations governing the licensing and regulating of remedial driver education programs and providers, which regulations have been made available to me on the Motor Vehicle Commission's web site, <http://www.state.nj.us/mvcbiz/BusinessServices/pdpdip/htm>.

I certify that all of the information provided herein by me is true. I am aware that, if any of this information is willfully false, I am subject to punishment.

A licensed NJ driving school applicant for this provider license further certifies that all information not completed in this application has not changed from the information submitted in the application for its current driving school license.

(If you are a currently licensed New Jersey Driving School and any of the information provided to the Motor Vehicle Commission in connection with your Driving School License has changed, do not sign this application and contact Business Licensing Services at (609) 292-6500 ext 5014.)

I, the undersigned, hereby certify that I am, _____,
Owner, Partner, Corporate Officer

of _____, and
Business Name

that the information I have submitted is true to the best of my knowledge and belief.

Print Name of Applicant Title

Signature of Applicant Date

Print Name of Applicant Title

Signature of Applicant Date

I, the undersigned, hereby certify that I am Secretary of the above Corporation and have witnessed the signature of _____ who is
Name of Applicant

President, Vice-President of said corporation.

Signature of Secretary Date

APPLICATION MADE BY AN INDIVIDUAL SHALL BE SIGNED AND CERTIFIED BY THE INDIVIDUAL.
APPLICATION MADE BY A PARTNERSHIP SHALL BE SIGNED AND SWORN TO BY ALL PARTNERS.
APPLICATION MADE BY A CORPORATION SHALL BE SIGNED AND SWORN TO BY THE PRESIDENT AND ATTESTED TO BY THE SECRETARY.



REMEDIAL DRIVER EDUCATION PROGRAM PROVIDER CHECKLIST

Enclosed are the documents providers must submit to be licensed for the NJ Remedial Driver Education Program (“RDE”). Providers may apply for the Probationary Driver Program (“PDP”), the Driver Improvement Program (“DIP”) or both. The RDE program is open to licensed NJ driving schools and Statewide safety organizations. Required documents for each provider type are listed below. All required items must be submitted to ensure processing of your application.

NJ Driving Schools

- Completed application
- Licensing Fee & Term: \$25.00 with application and \$225.00 after approval for a 2-year license (bank draft or money order)
- Curriculum Information Certification Form
- Certificate of Occupancy for each classroom location or a letter signed by the principal of the school, if the classroom location is within an existing public, private, or parochial New Jersey school
- Classroom Location Information Form for each location
- Deed, lease or rental agreement for all classroom locations that are not within an existing public, private, or parochial New Jersey school
- Certified Instructor Form , including proof of employment or proposed contractual agreement for each instructor
- Original Certificate of Insurance
 - In the minimum amount of \$1,000,000 single occurrence and \$2,000,000 in the aggregate, liability and medical payment protection to participants, and professional liability insurance. Certificate must require that the Chief Administrator be given 30-day written notice prior to the termination of coverage, and must name the Motor Vehicle Commission as an additional insured. Certificate holder should read:

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

NJ Statewide Safety Organizations

- Completed application
- Licensing Fee and Term: \$25.00 with application & \$225.00 after approval for a 2-year license (bank draft or money order)
- Curriculum Information Certification Form
- Certificate of Occupancy for each classroom location or a letter signed by the principal of the school, if the classroom location is within an existing public, private, or parochial New Jersey school
- Classroom Location Information Form for each location
- Deed, lease or rental agreement for all classroom locations that are not within an existing public, private, or parochial New Jersey school

- Certified Instructor Form, including, proof of employment or proposed contractual agreement for each instructor
- Copy of Certificate of Incorporation/Formation papers
- Copy of Federal Employer ID Number
- Copy of NJ Sales Tax ID Number
- Proof of Worker's Compensation Insurance for all employees
- \$10,000 Surety Bond payable to the NJ Motor Vehicle Commission (form enclosed)

All principals, partners and corporate officers must submit the following documents:

- Supplementary Application Form
- Child Support Certification Form
- Copy of current color photo ID (If individual **does not** hold a NJ driver's license)
- Fingerprint request notification form

(Exception: Not required if the individual applicant, principal, partner or corporate officer was previously fingerprinted using the Live Scan process and submitted to a criminal history check in connection with an application for a driving school license and which license is still active at the time of application.)

Original Certificate of Insurance

- In the minimum amount of \$1,000,000 single occurrence and \$2,000,000 in the aggregate, liability and medical payment protection to participants, and professional liability insurance. Certificate must require that the Chief Administrator be given 30-day written notice prior to the termination of coverage, and must name the Motor Vehicle Commission as an additional insured. Certificate holder should read:

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

Classroom locations must comply with the following requirements:

- Provide a minimum per participant space of at least 15 square feet and have adequate lighting, heat and ventilation
- Equipped with desks or tables, electrical outlets, and a blackboard or similar device
- Building must contain bathroom facilities that accommodate both sexes
- Posted on the premises must be a certificate identifying the maximum occupant capacity of the premises to be used as the classroom
- Courses can not be conducted from or in such a manner as to give the appearance that the business has an official connection with a Commission facility or authorized motor vehicle agency
- Courses cannot be conducted from a private residence, liquor store, bar, grocery store, restaurant, tent, temporary stand, or temporary address

Upon licensing, additional classroom requirements and guides will be provided. If you have questions regarding this application contact Business Licensing Services.



REMEDIAL DRIVER EDUCATION PROGRAM PROVIDER

CLASSROOM LOCATION INFORMATION

Complete a separate sheet for each classroom location. (Make copies of the blank form, as necessary.)

Business Name _____ Business Phone _____
Classroom Address _____ Fax Number _____
City _____ ZIP Code _____ E-mail Address _____

CLASSROOM LOCATION INFORMATION

Are the classroom premises:

- Owned by Program Provider
- Public, private, or parochial school *

Authorizing Authority _____ Title _____

Contact Number _____

- Leased / Contracted Expiration Date of Lease/Sub-Lease: _____

Property Owner's Name _____

Address _____

Contact Number _____

****Provide a signed agreement from the person or entity identified above allowing usage of the location to conduct Remedial Driver Education courses.***

Print the name, address and business phone number of the individual(s) authorized to transmit remedial driver education course completion information to the Commission. (Use additional sheets if necessary.)

Name of Location Scheduling Coordinator _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

I certify that all of the information provided herein by me is true. I am aware that, if any of this information is willfully false, I am subject to punishment.

Applicant Name (Print) _____ Title _____

Applicant Signature _____ Date _____



REMEDIAL DRIVER EDUCATION PROGRAM PROVIDER

PROPOSED CURRICULUM INFORMATION

Business Name _____ Business Phone Number _____

Address _____

City _____ State _____

ZIP Code _____ E-mail Address _____

Provide the following information for the proposed curriculum for which you seek approval. You may apply for a curriculum approval of either the Probationary Driver program, the Driver improvement Program or both. The curricula submitted must be appropriate for the selected program and meet the programs requirements outlined on the Proposed Curriculum Information Form. All proposed curricula must be pre-approved by the Commission prior to certification of Instructors.

Provide the following information of the individual or entity supplying the course materials you are proposing for approval.

Name of Curriculum _____

Name of Curriculum Supplier _____

Telephone Number _____ E-mail Address _____

Address _____

City _____ State _____ ZIP Code _____

I acknowledge that I have read and understand the regulations governing the licensing and regulating of remedial driver education programs and providers, which regulations have been made available to me on the Motor Vehicle Commission's web site, <http://www.state.nj.us/mvcbiz/BusinessServices/pdpdip/htm>.

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 punishment.

I further certify that I have received permission to use materials owned or developed by the above-named curriculum supplier.

Applicant Name (Print) _____ Title _____

Applicant Signature _____ Date _____



REMEDIAL DRIVER EDUCATION PROGRAM PROVIDER
DRIVER IMPROVEMENT PROGRAM
PROPOSED CURRICULUM INFORMATION

Business Name _____ **Business Phone** _____

Proposed curricula intended for use in the programs must be approved by the Commission prior to licensing. Provide the curriculum to be used as the basis for the remedial driver education course(s) for which Commission approval is sought. Complete the requested information relating to each required criterion below.

Driver Improvement Program

Curriculum Name _____

Curriculum Author _____ Address _____

Total Instruction Hours _____ Phone Number _____

Number of Pages _____

	Required Criteria	Page(s)	Instruction Time	Comments
1	Use of visual aids, including, but not limited to: films, video tapes, slides, and/or digital video discs, magnetic boards, flip charts, blackboards			
2	Improving improper driving behavior using behavior modification, with course elements specifically addressing, at a minimum: the major causes of collision including, but not limited to, driver attitude, driver inattention, driver-related hazards, hazards created by others, alcohol and drug use, failure to obey traffic control devices and road signs, and reckless and irresponsible driving			
3	Collision statistics			
4	Collision-related injury and death statistics			
5	Consequences and risk factors involved in improper driver attitude and in irresponsible driver behavior			
6	Skills necessary for the safe and lawful operation of a motor vehicle			
7	Collision preventability, including, but not limited to: making proper observations, reducing driver distractions, accounting for roadway hazards, accounting for the actions of others drivers, accounting for different types of vehicles using the roadways, maintaining a safe following distance, changing lanes safely, adverse weather conditions, maintaining control in an emergency situation, getting adequate sleep, and proper vehicle maintenance			
8	Highway courtesy			
9	Taking responsibility for driving behavior			
10	Review of the major traffic laws of the State of New Jersey			
11	Respect for the State of New Jersey motor vehicle laws			

I certify that I have received permission from the individual or entity to use materials owned or developed by such individual or entity, if other than provider or applicant. I acknowledge that I have read and understand the regulations governing the licensing and regulating of remedial driver education programs and providers, which regulations have been made available to me on the Motor Vehicle Commission's web site, <http://www.state.nj.us/mvcbiz/BusinessServices/pdpdip/htm>.

I certify that all of the information provided herein by me is true. I am aware that, if any of this information is willfully false, I am subject to punishment.

Applicant Name (Print) _____ Title _____

Applicant Signature _____ Date _____



**REMEDIAL DRIVER EDUCATION PROGRAM PROVIDER
INSTRUCTOR / CONTRACTOR LIST**

Business Name _____ **Business Phone** _____
Address _____ **City** _____
Zip _____ **E-mail Address** _____

Provide a list of all certified Instructors, along with proof of employment or copy of a proposed contractual agreement for each Instructor.

Check all that apply for each certified Instructor listed

Instructor Name _____ DSI # (if applicable) _____
 Employee (Provide proof of employment)
 Contractor (Provide copy of contractual agreement)
 PDP Certification: Program Name _____
 DIP Certification: Program Name _____

Instructor Name _____ DSI # (if applicable) _____
 Employee (Provide proof of employment)
 Contractor (Provide copy of contractual agreement)
 PDP Certification: Program Name _____
 DIP Certification: Program Name _____

Instructor Name _____ DSI # (if applicable) _____
 Employee (Provide proof of employment)
 Contractor (Provide copy of contractual agreement)
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Instructor Name _____ DSI # (if applicable) _____
 Employee (Provide proof of employment)
 Contractor (Provide copy of contractual agreement)
 PDP Certification: Program Name _____
 DIP Certification: Program Name _____

Instructor Name _____ DSI # (if applicable) _____
 Employee (Provide proof of employment)
 Contractor (Provide copy of contractual agreement)
 PDP Certification: Program Name _____
 DIP Certification: Program Name _____

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 punishment.

Applicant Name (Print) _____ Title _____
 Applicant Signature _____ Date _____



REMEDIAL DRIVER EDUCATION PROGRAM PROVIDER
PROBATIONARY DRIVER PROGRAM
PROPOSED CURRICULUM INFORMATION

Business Name _____ **Business Phone** _____

Provide the curriculum to be used as the basis for the remedial driver education course(s) for which Commission approval is sought. You must outline you curricula by identifying the required criteria listed below and attach a copy of all instructional materials, including all manuals, lessons, activities, workbooks, guides and videos.

Probationary Driver Program

Curriculum Name _____

Curriculum Author _____ Address _____

Total Instruction Hours _____ Phone Number _____

Number of Pages _____

	Required Criteria	Page(s)	Instruction Time	Comments
1	Use of visual aids, including, but not limited to: films, video tapes, slides, and/or digital video discs, magnetic boards, flip charts, blackboards			
2	Educational techniques designed to be facilitative in nature, encouraging interaction between participants and instructor as a method of instruction. Such techniques include, but are not limited to, group discussion, group activities, role playing, and question and answer sessions			
3	Improving improper driving behavior with course elements specifically addressing, at a minimum: the statistics showing injury and death rates in collision involving young drivers (ages 15-24)			
4	The reasons behind unsafe and irresponsible driving behaviors			
5	The risk factors and consequences of unsafe and irresponsible driving practices			
6	Alcohol and drug use as a collision factor			
7	Cell phone use and texting while driving as a collision factor			
8	Seatbelt safety			
9	The skills necessary for the safe and lawful operation of a motor vehicle			
10	Highway courtesy			
11	Collision preventability, including a discussion of the various hazards, both driver-created and hazards created by others; the magnitude of traffic collision problems, and taking responsibility for driving behavior			
12	Review of the major traffic laws of the State of New Jersey			
13	Respect for the State of New Jersey's motor vehicle laws			

I certify that I have received permission from the individual or entity to use materials owned or developed by such individual or entity, if other than provider or applicant. I acknowledge that I have read and understand the regulations governing the licensing and regulating of remedial driver education programs and providers, which regulations have been made available to me on the Motor Vehicle Commission's web site, <http://www.state.nj.us/mvcbiz/BusinessServices/pdpdip/htm>.

I certify that all of the information provided herein by me is true. I am aware that, if any of this information is willfully false, I am subject to punishment.

Applicant Name (Print) _____ Title _____

Applicant Signature _____ Date _____

STATE OF NEW JERSEY
Business Licensing Services Bureau**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, does the amounts in arrears 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



New Jersey Motor Vehicle Commission

STATE OF NEW JERSEY

Business Licensing Services Bureau
P.O. Box 170, Trenton, NJ 08666-0170
(888) 486-3339 ext. 5014 toll-free in NJ
609-292-6500 ext. 5014
mvcblsadminaction@mvc.nj.gov

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.



New Jersey Motor Vehicle Commission

STATE OF NEW JERSEY

Business Licensing Services Bureau
P.O. Box 170, Trenton, NJ 08666-0170
(888) 486-3339 ext. 5014 toll-free in NJ
609-292-6500 ext. 5014
mvcblsadminaction@mvc.nj.gov

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: _____

Copy and submit additional sheets if needed