



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 170
Trenton, New Jersey 08666-0170
(609) 292-6500 # 5094
E-Mail: mvc.blstdrivingschools@mvc.nj.gov

DRIVING SCHOOL ENDORSEMENT APPLICATION

Corp Code

Driving School Number

Business Name

Telephone Number

Street Address

Email 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 Testing Requirements for Driving Schools".

Signature of Owner, Partner, Member or Corporate Officer

Print Name of Owner, Partner, Member or Corporate Officer

Date

FOR INTERNAL USE ONLY			
Endorsement Fee due: _____	Check/Money Order#: _____		
Application Received: _____	Site Visit Date: _____		
Endorsement Approved: _____	DVE#: _____ DWE#: _____		
BLS-75 (R3/20)			