

SPENCER J. COX Governor

DEIDRE HENDERSON *Lieutenant Governor*

Department of Public Safety

JESS L. ANDERSON Commissioner

Driver License Division CHRISTOPHER CARAS Director

For Department Use Only
Date Received:
Approved By:
Issued License No:
Amount of Surety Bond:
Surety Bond Letter Sent:
Verification of Surety Bond Rec:
Date Issued:
Date Expires:
Date Dup Issued:

COMMERCIAL DRIVER EDUCATION SCHOOL/ TESTING ONLY SCHOOL APPLICATION

Commercial Driver Training School* ☐	Branch Office	☐ Testing Only School ☐
*Number of Branch Offices	_	
Original Renewal	Attention: Sh Driver Licens P.O. Box 1445	
SECTION 1: GENERAL		
Name of School:		Date of Application:
Address (Street, City, State, Zip):		
Phone:		
Type of Business:		
Sole Prop: Partnership	Corporation [Other:

SECTION 2: SCHOOL INFORMATION

List the names, addresses and telephone numbers of all owners, partners, corporate directors, officers and managers:

Name:	Position or Office:	Address:	Phone:

List the name of the operator responsible for this school or branch office.

Name:	Address (Street, City, State, Zip):

SECTION 3: INSTRUCTOR INFORMATION

List the name of the instructors responsible for this school or branch office. (Testing Only Schools do not need to complete this Section)

Name:	Address (Street, City, State, Zip):

SECTION 4: TESTER INFORMATION

List the names and addresses of all certified testers, full or part time. (Testing Only Schools)

Name	:	Addres	s (Street, Ci	ty, State, Zip):		
QE C	TION 5 MO	TOD VEHIC		T		
SEC	TION 5: MO List all vehicle			ool. Use addition paper if	needed	
Year a	and Make:	Vin Numbe		License Plate No:	Owned:	Leased:
	List the vehicle	le insurance infor	mation.			
Comp	any:		Policy N	Jumber	Phone 1	Number
SEC	TION 6: QU	ESTIONS				
	e answer all quest se provide an expl		quired in the	next section)		
1.	training schoo	he owners, partnered by before? If yes, e. Yes No	please expla	s or corporation officers evin your answer. State days	ver operated a cons of operation and	mmercial driver I reason for
2.		luding motor veh		icer or stockholder ever be as? If yes, please explain y		or convicted of
3.		pended or revoke		e of the proprietor, partner ase explain your answer.	, or any other off	icer or stockhol
4.				r testing only school locate er. Yes No		ed for such
5.		ment, including nent. Yes N		s, owned by your school?	If no, please attac	ch a copy of the

0.	which motor vehicle registrations or driver licenses are issued to the public? If yes, please explain your answer. Yes No
7.	Is your commercial driver training school or testing only school the principal business entity of the address shown above? Yes No
8.	Do all school facilities comply with all state laws and regulations and municipal ordinances and regulations relating to public health and safety for the school and business facilities? If no, please explain your answer. Yes No
9.	Does your commercial driver training school or testing only school maintain a permanent office facility? Yes No
COI	MMERCIAL DRIVER TRAINING SCHOOLS ONLY
1.	Does your commercial driver training school maintain a permanent classroom facility? If no please explain. Yes No
2.	Indicate the number of square feet in the classroom?
3.	Does your classrooms have adequate lighting, heating and ventilation? YesNo
4.	How many feet of floor space does your commercial drive training school contain?
5.	Does your classroom have a blackboard? Yes No
6.	For how many students do you have seating and desk/writing facilities?
7.	Does your classroom facility contain charts and diagrams or pictures relating to the operation of motor vehicles and traffic laws? YesNo
8.	Does your classroom contain textbooks, reference books and pamphlets relating to the proper operation of motor vehicles and traffic laws? Yes No
9.	Is your classroom equipped with a moving picture or slide projector with suitable driver training films and/or slides? YesNo
10.	Is your classroom equipped with other teaching aids? Yes No
11.	Is your classroom facility in the same building as the office facility? If not please explain. Yes No
12.	(Renewal applicants only): How many students completed your driver training course last year?
13.	What is the current fee for your driver training course?
14.	How many days of the week will the school conduct classroom, behind-the-wheel or observation training?
15.	How many classes will be offered per day?

TESTING ONLY SCHOOLS

1. Is your testing only school located in the same location as a Commercial Driver Training School?	
Yes No	
.Does your school contain a secured area for each tester to store testing forms? YesNo	
. What is the current fee for your testing?	
JIST NAMES OF ALL INSTRUCTORS	
EXPLANATIONS:	

SECTION 7: CONDITIONS

The undersigned undertakes and agrees to all of the following conditions as prerequisite to the issuance and the continuing effect of a commercial driver training school license.

- A. To insure that adequate records as prescribed by the rules and regulations of the Department of Public Safety; and to permit the inspection of such records by an authorized department representative during regular office hours.
- B. To employ or otherwise make use of instructors who have been properly licensed by the Department of Public Safety.
- C. To employ or otherwise make use of an operator who have been properly licensed by the Department of Public Safety.
- D. To advise the Department of Public Safety when an instructor or tester is terminated by the school. Please include a brief statement of the reasons for such termination(s).
- E. To comply with all of the provisions of Utah administrative rule R708-2, R708-37, R708-40, and Utah Code 53-3-501 and 53-3-510 relating to commercial driver training or testing only schools.
- F. To advise the Department of Public Safety immediately of any material change in the application or the schedules which are made a part thereof.

I the undersigned, certify that I have read the laws, rules and regulations governing commercial driver training schools and testing only schools and that I agree to abide by all rules, regulations and laws set forth. I affirm that all statements made by me in this application are true and correct.

(Owner Signature)		(Date)
Subscribed and sworn to me this	day of	20