



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Education and Examination Division

P. O. Box 12157 • Austin, Texas 78711 • (512) 463-6599 • (800) 803-9202

Fax: (512) 463-1512 • Email: DES@tdlr.texas.gov • Website: www.tdlr.texas.gov

Driver Education Branch School Application Instructions

1. **Assumed Name/DBA of School** - Enter the official name of the school. This must be the name used in advertisements. **Branch schools have the same name as the licensed primary location**
2. **School License Number-** List the license number of your primary location
3. **Organization Type** – Indicate how your business/school is organized
4. **School Mailing Address and Contact Information** - Enter the schools mailing address, phone number, fax number, email address and website address. This address is where the Department will mail all correspondence and may be a post office box. Provide the contact person's name, telephone number, and email address. Email addresses are a part of the key information required to transact business with TDLR. Your e-mail address is confidential pursuant to the Texas Public Information Act and will not be shared with the public
5. **Physical Address** - Enter the physical address of the school. This address is the actual business location of the school and where permanent records must be kept for auditing and inspection purposes. A post office box is not acceptable for the physical address
6. **Owner Information** – List the name, title, contact information, and ownership information for each owner of the school. **Branch locations have the same ownership as the licensed primary location.**
7. **Signature of Applicant(s) and/or Officer(s)** - Application must be signed by the owner, officer or other authorized representative of the school. Be sure to print name, sign and date the application

REVIEW PROCESS

An application is not considered complete and will not be processed until all sections of the application have been filled out and all documents has been received. Applications are processed in the order received. Our division cannot specify the length of time it will take to approve a new school application. During the review process, you will be notified in writing of any discrepancies/requirements not met.

REQUIRED DOCUMENTS

The following must be submitted along with the application, and approved prior to inspection.

- ✓ **Fee Sheet**
- ✓ **Fee**
- ✓ **Completed School Application**
- ✓ **Original Bond or Alternate Form of Security-** (See section 1001.207 (a) and (b) for bond requirements)
- ✓ **Insurance Declarations Page-** Must provide a copy of your current insurance policy (declarations page) in the amount specified in Transportation Code, Chapter 601, and include coverage for uninsured or underinsured motorists
- ✓ **Staff Roster-**List the name and license number to each current instructor employed at the school
- ✓ **Driver Education Course List-** A Branch School may offer only a course that is approved for the primary location
- ✓ **Minor/Adult Curriculum Course Index-** Already approved curriculum can be found under the driver education resources page located <https://www.tdlr.texas.gov/driver/driverresources.htm>
- ✓ **Minor/Adult In-Car Curriculum**
- ✓ **Minor/Adult Enrollment Contract –DE-005-1-**(This is a Sample Form) You may create your own enrollment contract and submit to the department for approval or you may use this form, if you create your own you must cover all requirements outlined under 84.82 of the Driver Education & Safety Administrative Rule
- ✓ **Motor Vehicle Fleet Form**
- ✓ **Vehicle Registration Receipt-** Must submit a copy of your most current vehicle registration receipt from the Texas Department of Motor Vehicles
- ✓ **Make Up Policy-**(See 84.46 (f) for policy requirements)

INSPECTION PROCESS

When your application is approved, you will receive an approval letter requesting a confirmation email confirming your school has all the required and necessary items to be a full functioning school, once your email is received by the department staff will notify the inspection team who will contact you to schedule your school's inspection.

- **Inspection Passed-** If the school passes inspection the report will be entered in the data base and the license will be mailed to the address on the application.
- **Inspection Not Passed-** If the school did not pass inspection the inspector will go over with you what is required to pass inspection. Once you have corrected the items stated on the inspection report you will need to provide documentation and or picture(s) showing the corrections were made. Corrections can be sent directly to your inspector.

STUDENT ENROLLMENT

Schools may not enroll students until the inspection has been passed and the license has been received.

SAMPLE FORMS- Driver Education sample school forms are available on the TDLR website



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Driver Education Branch School Application

APPLICATION FEE: \$850.00

1. Assumed Name and or DBA of School

2. School License Number

3. Organization Type (Check one)

Sole Proprietor

Partnership

Corporation

Limited Liability

4. School's Mailing Address and Contact Information (USED TO RECEIVE MAIL FROM TDLR) (PO BOX is allowed)

Number, Street Name Suite Number/Apartment Number

City

State

Zip Code

School's Email Address

School's Website Address

School's Phone Number

School's Fax number

Contact Person's Name

Phone Number

Email Address

5. School's Physical Address (where permanent records are kept) (PO BOX is not allowed)

Number, Street Name Suite Number/Apartment Number

City

State

County

Zip Code



OWNERSHIP INFORMATION PAGE:

6 List the full name and contact information to all of the owners that have ownership in the business. Attach a separate sheet if necessary

Business Name (Owner Name, if Sole Proprietorship):

Business Name/Owner Name _____ Ownership % _____

Federal ID No. or Owner Social Security No. *: _____

Mailing Address and Contact Information:

Number, Street and Apt. No. _____ -OR- _____ PO Box Number _____

City _____ State _____ Zip Code _____

(_____) _____ email Address: (johndoe@aol.com for example)
Area Code Phone Number

Additional Owner Information, Mailing Address and Contact Information: (if necessary)

Business Name/Owner Name _____ Ownership % _____

Federal ID No. or Owner Social Security No. *: _____

Mailing Address and Contact Information:

Number, Street and Apt. No. _____ -OR- _____ PO Box Number _____

City _____ State _____ Zip Code _____

(_____) _____ email Address: (johndoe@aol.com for example)
Area Code Phone Number

Additional Owner Information, Mailing Address and Contact Information: (if necessary)

Business Name/Owner Name _____ Ownership % _____

Federal ID No. or Owner Social Security No. *: _____

Mailing Address and Contact Information:

Number, Street and Apt. No. _____ -OR- _____ PO Box Number _____

City _____ State _____ Zip Code _____

(_____) _____ email Address: (johndoe@aol.com for example)
Area Code Phone Number

Additional Owner Information, Mailing Address and Contact Information: (if necessary)

Business Name/Owner Name _____

Ownership % _____

Federal ID No. or Owner Social Security No. *: _____

Mailing Address and Contact Information:

Number, Street and Apt. No. _____

-OR-

PO Box Number _____

City _____

State _____

Zip Code _____

(_____) _____
Area Code

Phone Number

email Address: (johndoe@aol.com for example) _____

Additional Owner Information, Mailing Address and Contact Information: (if necessary)

Business Name/Owner Name _____

Ownership % _____

Federal ID No. or Owner Social Security No. *: _____

Mailing Address and Contact Information:

Number, Street and Apt. No. _____

-OR-

PO Box Number _____

City _____

State _____

Zip Code _____

(_____) _____
Area Code

Phone Number

email Address: (johndoe@aol.com for example) _____

STATEMENT OF APPLICANT

7. I certify that I will comply with all applicable provisions of the law of the Texas Department of Licensing & Regulation (Title 5, Texas Education Code, Chapter 1001) and the rules of the Texas Department of Licensing & Regulation (16 Texas Administrative Code, Chapter 84). I understand that providing false information on this application and all attachments may result in the revocation of the approval I am requesting and the imposition of administrative penalties.

Signature of Owner and/or Officer

Date Signed

Printed Name of Owner and/or Officer

Title



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DRIVER EDUCATION COURSE LIST

C _____

School Number

School Name

Check the box next to each course your school will offer

Types of Driver Education Courses		Taught at School
1.	Minor & Adult 14 and Older: Traditional Classroom	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Exclusively for Adults Course 18 to under 25:6-Hour Traditional Classroom	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Minor & Adult In-Car 15 and Older	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Adult In-Car 18 and Older	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Minor & Adult Simulation	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Exclusively for Adults Course Simulation	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Minor & Adult 14 and Older: Alternative Method of Instruction	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	Exclusively for Adults Course 6-Hour Online	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.	Exclusively for Adults Course 6-Hour Spanish Traditional	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Exclusively for Adults Course 6-Hour Spanish Online	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	Minor & Adult Multicar Range	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.	Instructor Development Course	<input type="checkbox"/> YES <input type="checkbox"/> NO

MOTOR VEHICLE FLEET

Exhibit G-1

(C _____) _____ (_____) _____
 School / Branch # Name of Driver Education School Business Phone Date

Instructions: List the Make, Model, and VIN number to all of the vehicles you will use to conduct the In-Car instruction. Use this form when adding or removing vehicles for each driver education school and branch location. All updates must be submitted to the department within (10) days along with a copy of your vehicle insurance showing the vehicle(s) covered.

Year	Make	Model	VIN Number	Add	Remove

Note: Use of an unapproved vehicle is a violation of Title 5 Texas Education Code Chapter 1001 Title 19, Texas Administrative Code Section 176.1014 (c) and (d) requires that all vehicles be insured in accordance with Section 176.101 (a) 4 and the school shall have evidence of insurance available for inspection by the agent.

 Signature of Authorized Representative of Driver Education School Printed Name of Authorized Representative of Driver Education School Date



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DRIVER EDUCATION SCHOOL STAFF ROSTER

School License Number: _____ School Name: _____

Instructions:

1. In Section A, write name(s) and license number(s) for every instructor to be added or removed from your staff roster. In Section B, write the name(s) of the Teacher of Record to be added or removed.
2. A separate staff roster must be submitted for each branch location.
3. Use this form when adding or removing instructors, check the box to indicate if you are adding or removing an instructor
4. Schools offering classroom instructional phase must have a current Supervising Driver Education Teacher or Driver Education Teacher on file **before** the school license will be processed

Section A.

Instructor Staff Roster

First and Last Name of Instructor (s)	Instructor License #	Adding	Removing
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>

Section B.

Teacher of Record Staff Roster

First and Last Name of Instructor (s)	Instructor License #	Adding	Removing
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>

I certify that the information on this form is true and correct:

Signature of Teacher of Record: _____

Date: _____

School Owner/Operator Signature: _____

Date: _____