



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: Education@tdlr.texas.gov • Website: www.tdlr.texas.gov

Driving Safety School Application Instructions

AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE PROCESSED UNTIL ALL SECTIONS OF THE APPLICATION HAVE BEEN SUBMITTED.

The application must be completed and signed by the applicant. All information provided must be typed or printed in black ink. This application must be submitted on single-sided, 8½" x 11" paper. Please use a paperclip to fasten all pages together, with cashier's check, check, or money order on top. **Please do not use staples.**

1. **Assumed Name/DBA of School** - Enter the official name of the school. This must be the name used in advertisements.
2. **Organization Type** – Indicate how your business/school is organized.
3. **School Mailing Address and Contact Information** - Enter the mailing address for the school. 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, fax number and email address. By providing my email address I authorize TDLR to send all communications and required notices to me by electronic mail only. I understand that I may revoke this authorization in writing; that if I do not update my email address I will not receive TDLR notices; that notices will NOT be sent to me by mail or other methods unless required by law; and that my email address will remain confidential except as permitted or required by law.
4. **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.
5. **Name and License Number of the Course Provider** –Include the name and license number of the course provider the school is authorized to provide the driving safety or specialized driving safety course.
6. **Owner Information** –Enter the name of the owner and complete the ownership information page
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

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.

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

Responsibilities of a Driving Safety School

- All advertising shall contain the school name exactly as it appears on the school license
- No classroom facility shall be located in a private residence
- The classroom facilities, when used for instruction, shall contain at least the following:
 1. Adequate seating facilities for all students being trained
 2. Adequate charts, diagrams, mock-ups and pictures relating to the operation of motor vehicles, traffic physical forces, and correct driving procedures; and
 3. Any materials that have been approved as a part of the course approval
- Ensure that each individual permitted to give instruction at the school or any classroom location has a valid current instructor's license with the proper endorsement issued by the division, except as provided in subsection (a) of this section
- Prohibit an instructor from giving instruction or prohibit a student from securing instruction in the classroom or in a motor vehicle if that instructor or student is using or exhibits any evidence or effect of an alcoholic beverage, controlled substance, drug, abusable glue, aerosol paint, or other volatile chemical.
- Provide instruction or allow instruction to be provided only in courses that are currently on the school's list of approved courses.
- Complete, issue, or validate a verification of course completion only for a person who has successfully completed the entire course
- Multiple classrooms shall meet all legal requirements pertaining to classroom facilities and shall comply with all advertising standards and requirements.
- The school shall ensure that instruction at the school is provided by properly licensed instructors in the manner it was approved
- The school will complete, issue, or validate a verification of course completion only for a person who has successfully completed the entire course.
- The school will not falsify driving safety records.
- Develop and maintain a means to ensure the security and integrity of student information, especially financial and personal information, in transit and at rest
- The amount of classroom space shall meet the use requirements of the maximum number of current students in class with appropriate seating facilities as necessitated by the activity patterns of the course
- Driving safety school or course provider shall furnish upon request any data pertaining to student enrollments and attendance, as well as records and necessary data required for licensure and to show compliance with the legal requirements for inspection by authorized representatives of the Texas Department of Licensing and Regulation.
- Must include a signed and completed Authorization to Use Driving Safety Course Form from an approved course provider who is authorizing you to use their course.



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: Education@tdlr.texas.gov • Website: www.tdlr.texas.gov

Texas Driving Safety School Application

	FEE AMOUNT
Driving Safety School	\$150

Payments Must Be In The Form Of A Cashier Check, Check, Or Money Order Payable To TDLR

1. Assumed Name and or DBA of School

2. Organization Type (Check one)

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability Corporation

3. School's Mailing Address and Contact Information (USED FOR ALL CORRESPONDENCE)

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

City State County Zip Code

Email Address (johndoe@aol.com for example)

School's Website Address

()
Area Code Phone Number

()
Area Code Fax Number

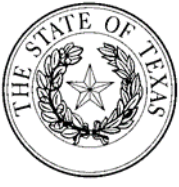
4. School's Physical Address (WHERE PERMANENT RECORDS ARE KEPT)

Number, Street and Suite No.

City State County Zip Code

5. Name and License Number of Course Provider (s)

THIS FORM CONSISTS OF 2 PAGES



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: Education@tdlr.texas.gov • Website: www.tdlr.texas.gov

DRIVING SAFETY SCHOOL OWNERSHIP INFORMATION PAGE

6. Corporations: List name, titles of officers and contact number. **Partnerships:** **For each partnership,** list the name of each general partner and contact number. **If any partner is a business entity,** then list name and title of officers or partners, along with contact number. Attach an additional sheet if necessary.

Name (full name)	Title	Contact Number	% of Ownership (partnerships)

STATEMENT OF APPLICANT(S)

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.

Applicant Signature

Date Signed

Printed Name

Title



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: Education@tdlr.texas.gov • Website: www.tdlr.texas.gov

Exhibit D-4

DRIVING SAFETY SCHOOL MULTIPLE CLASSROOM LOCATIONS FORM

School Name: _____ School License Number: (**C** _____) Date: _____

INSTRUCTIONS: Use this form to notify TDLR when adding or removing multiple classroom locations

The driving safety course will be provided in designated instructional areas that promote learning by ensuring that there is sufficient seating for the number of students, arranged so that all students are able to view, hear, and comprehend all instructional aids and the class shall have no more than 50 students. Factors that will be considered in determining whether facilities promote learning include facility layout, visual and hearing distractions, and equipment functionality. All designated instructional areas should be separated from the primary business (unless the class is being offered during non-business hours) and prohibit alcoholic beverages during class time. **No classroom facility shall be located in a private residence.**

TYPE OF BUSINESS (Restaurant, Insurance Co, Church, Office Building)	NAME OF BUSINESS	ADDRESS OF BUSINESS	CITY	ZIP CODE	Instructor Name	Instructor License #	Add	Remove

DRIVING SAFETY MULTIPLE CLASSROOM LOCATIONS AND INSTRUCTORS *(continued)*

School Name: _____

School License Number: (C _____)

Date: _____

TYPE OF BUSINESS (Restaurant, Insurance Co, Church, Office Building)	NAME OF BUSINESS	ADDRESS OF BUSINESS	CITY	ZIP CODE	Instructor Name	Instructor License #	Add	Remove



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: Education@tdlr.texas.gov • Website: www.tdlr.texas.gov

Driving Safety School Staff Roster

(C _____) _____
School / Branch # Name of School

Instructions:

1. Write the name and license number to each current instructor employed at the school
2. Use this form when adding or removing instructors, check the box to indicate if you are adding or removing an instructor
3. A school will not be renewed unless the instructor listed on file for the school is current

First and Last Name of Instructor	Instructor License Number	Adding	Removing
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

ATTACHMENT F

AUTHORIZATION TO USE DRIVING SAFETY COURSE

This form is used by the course provider and driving safety school as verification of agreement that the school will offer a driving safety course. This form or other supporting documents must be submitted with the applications for course provider and driving safety school licensure. The status of the course provider's license may affect the school's ability to continue operation.

I, _____, provider for the driving safety course entitled
(Name of Course Provider)

(_____) _____
(Course Provider #) (Name of Course)

do affirm that the driving safety school listed below is authorized to offer this course at an approved driving safety school and all approved multiple classroom locations. The course provider has provided adequate course materials to present the course as it has been approved by the department.

(Typed or Printed Name of Driving Safety School Owner)

(Legal Name of School)

(Street Address of School)

(City)

(State)

(ZIP Code)

Signatures of the driving safety school owner and the course provider below indicate an agreement to conduct the course in compliance with all course provider policies and procedures.

(Signature of School Owner)

(Date)

(Signature of Course Provider or Designated Representative) *

(Date)