



# **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](mailto:Education@tdlr.texas.gov) • Website: [www.tdlr.texas.gov](http://www.tdlr.texas.gov)*

## **Driving Safety School Renewal 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. **School License Number** – Write the license number to the school
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. 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.
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 all the course providers the school is authorized to provide the driving safety or specialized driving safety course.
6. **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.

## **REQUIRED DOCUMENTATION FOR DRIVING SAFETY SCHOOL APPLICATION**

- **Staff Roster** – List the name and license number to each current instructor employed at the school
- **Multiple Classroom Location Form- DS-243** –This form must be completed if the school will offer the course at other locations other than the driving safety school
- **Fee Sheet and Fee**

## **Review process**

Applications are processed in the order received. Our division cannot specify the length of time it will take to approve your renewal. During the review process you will be notified in writing of any discrepancies/requirements not met.



**YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.**

**STATEMENT OF APPLICANT(S)**

**6. 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.**

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Applicant Signature

Date Signed

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Printed Name

Title



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**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





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## 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.			