TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

MOTORCYCLE OPERATOR TRAINING SCHOOL RENEWAL APPLICATION INSTRUCTIONS

Each entity looking to renew a Motorcycle Operating Training School License shall provide an application for approval that shall be in compliance with 16 TAC Chapter 98, Transportation Code, Chapter 662 and all TDLR established guidelines and criteria. The following shall be submitted to the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin TX, 78711.

1. Name of School – Enter the assumed, legal or DBA name of the school.
2. School License Number – Provide the TDLR License Number of the school in which you are renewing the license.
3. School Renewal Fee – This fee varies from $100.00 up to $200.00 depending on your renewal time frame.
4. School Mailing Address and Contact Information – Enter the school's mailing address, phone number, fax number, and email 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 email 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. Classroom and Range Locations – Check each box to indicate if approved classrooms and ranges are in compliance with Texas Administrative Code Title 16, Chapter 98, Rule 98.72
7. Insurance Requirement – Indicate if school carries insurance in accordance with 16 TAC §98.40.
8. Controlling Person's Information – List the name, title, date of birth, Social Security Number and contact information for each controlling person of the school as defined by §98.10(4). All controlling persons listed on the application must undergo and successfully pass a criminal history background check. Indicate if you have ever been convicted of or placed on deferred adjudication for any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a ***Criminal History Questionnaire (PDF)*** for each offense. If you are concerned your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a ***Criminal History Evaluation Letter***, a completed ***Criminal History Questionnaire (PDF)*** for each crime you were convicted of or placed on deferred adjudication for and a $10.00 fee.
9. Statement of Application – This application must be signed by the owner, officer, or other authorized person.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the TDLR ***website*** or reach the Education and Examination division via webform where you can submit your request for assistance and include attachments as needed at ***Education and Examination Division***.

REQUIRED DOCUMENTS

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

- $100.00 School Renewal Application Fee – this fee varies from $100.00 up to $200.00 depending on your renewal time frame, (see application).
- Completed School Renewal Application (this form must be completed in its entirety where applicable)
- Instructor Roster – List the full name and license number for each current instructor employed at the school.
- Motorcycle Fleet Form – List the make, model, VIN of each motorcycle to be used for instruction.

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1. Name of School: _____

2. School License Number: _____

3. **School Renewal Fee:** (All fees are non-refundable)

- $100.00 – Renewal Fee (postmarked on or before license expiration date)
- $150.00 – Late Renewal Fee (license expired for 90 days or less)
- $200.00 – Late Renewal Fee (license expired for me than 90 days but less than 18 months)

4. School Mailing Address and Contact Information: (Used to receive mail from TDLR, P.O. Box is allowed)

_____
Number, Street Name, Suite Number — City, State, Zip code

_____ _____ _____
School Email Address — School Web Address — School Phone Number

_____ _____ _____
Contact Person's Name — Phone Number — Email Address

5. Physical Address: (Where permanent records are kept, P.O. Box is not allowed)

_____
Number, Street Name, Suite Number — City, State, Zip code

_____
County

6. Classroom and Range Locations:

☐ I certify that all approved classroom locations are valid and in compliance with Texas Administrative Code Title 16, Chapter 98, Rule 98.72. I understand that any changes to my classroom locations must be submitted to TDLR within 15 days per TAC 98.72(a)(1)

☐ I certify that all approved range locations are valid and in compliance with Texas Administrative Code Title 16, Chapter 98, Rule 98.72. I understand that any changes to my range locations must be submitted to TDLR within 15 days per TAC 98.72(a)(1)

7. Insurance Requirement:

☐ This motorcycle school is covered by an insurance policy that provides at least $2 million in liability coverage and $10,000 in medical payments coverage in accordance with 16 TAC §98.40.

8. Controlling Persons Information:

Business Name/Owner Name _____ Ownership % (if applicable) _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____
Number, Street Name, Suite Number/Apartment Number City, State, Zip Code

Phone Number _____ Email Address _____

Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? ☐ Yes ☐ No

If YES, complete and submit a ***Criminal History Questionnaire (PDF)*** for each offense.

Additional Controlling Persons Information:

Business Name/Owner Name _____ Ownership % (if applicable) _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____
Number, Street Name, Suite Number/Apartment Number City, State, Zip Code

Phone Number _____ Email Address _____

Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? ☐ Yes ☐ No

If YES, complete and submit a ***Criminal History Questionnaire (PDF)*** for each offense.

STATEMENT OF APPLICANT

9. By signing this application, I certify that all information submitted on this application is true and accurate. I certify that I will comply with all applicable provisions of the law of the Texas Department of Licensing and Regulation (Transportation Code, Chapter 662) and the rules of the Texas Department of Licensing and Regulation (16 Texas Administrative Code, Chapter 98). I understand that providing false information on the application and all attachments may result in the revocation of the approval I am requesting and the imposition of administrative penalties.

Signature of Owner, Officer or Authorized Representative _____ Date Signed _____

Printed Name of Owner, Officer or Authorized Representative _____ Title _____

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MOTORCYCLE FLEET FORM

School License Number: _____ School Name: _____

Instructions:

1. List the Year, Make, Model and Vehicle Identification Number (VIN) for all Motorcycles used for instruction.
2. A motorcycle school must notify the department of any change to the information provided for initial licensure under §98.26 or for license renewal under §98.27, within 15 days from the date of the change.

Year	Make	Model	VIN Number	Add	Remove
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

_____ _____
Signature of Owner, Officer or Authorized Representative Date Signed

_____ _____
Printed Name of Owner, Officer or Authorized Representative Title

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MOTORCYCLE OPERATOR TRAINING SCHOOL STAFF ROSTER

School License Number: _____ School Name: _____

Instructions:

Write name(s) and license number(s) for every instructor to be added or removed from your staff roster.
Use this form when adding or removing instructors, check the box to indicate if you are adding or removing an instructor.

First and Last Name of Instructor(s)	Instructor License #	Adding	Removing
1.		☐	☐
2.		☐	☐
3.		☐	☐
4.		☐	☐
5.		☐	☐
6.		☐	☐
7.		☐	☐
8.		☐	☐
9.		☐	☐
10.		☐	☐

_____ _____
Signature of Owner and or Authorized Representative **Date Signed**

_____ _____
Printed Name of Owner and/or Authorized Representative **Title**