



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
education@tdlr.texas.gov - *www.tdlr.texas.gov*

MOTORCYCLE OPERATOR TRAINING SCHOOL RENEWAL APPLICATION INSTRUCTIONS

Each entity looking to obtain 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 682 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. REMS ID Number – Provide the Rider Education Management System (REMS) ID number of the school in which you are renewing the license for. A TDLR License Number will be issued upon approval of renewal.
3. School Renewal Fee – This fee varies from \$100.00 up to \$200.00 depending on your renewal time frame, (see application).
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. Controlling Person's Information – List the name, title, contact information, and ownership information for each owner of the school as defined by §98.10(4).
7. Statement of Application – This application must be signed by the owner, officer, or other authorized.

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 and your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing and Regulation website at <https://www.tdlr.texas.gov> or email at education@tdlr.texas.gov where you can submit your request for assistance and include attachments as needed.

Review Process

An application is not considered complete and will not be processed until all sections of the application have been completed and all documents have been received. Applications are processed in the order received. Our division cannot specify the length of time it will take to approve a 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:

- \$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)
- Insurance Declaration Page(s) – Must provide a copy of current commercial vehicle insurance policy (declarations page(s)) in the amount specified in §98.40 and include coverage for underinsured motorists.
- 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 instruction.



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MOTORCYCLE OPERATOR TRAINING SCHOOL RENEWAL APPLICATION

1. Name of School: _____		2. REMS ID Number: _____
3. School Renewal Fee: (All fees are non-refundable) <ul style="list-style-type: none">• \$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 more 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 <u>not</u> allowed)		
Number, Street Name, Suite Number _____		City, State, Zip code _____
6. Controlling Persons Information:		
Name _____		Ownership % _____
Mailing Address:		
Number, Street Name, Suite Number _____		City, State, Zip code _____
Phone Number _____	Email Address _____	

Additional Controlling Persons Information:

Name

Ownership %

Mailing Address:

Number, Street Name, Suite Number

City, State, Zip code

Phone Number

Email Address

Additional Controlling Persons Information:

Name

Ownership %

Mailing Address:

Number, Street Name, Suite Number

City, State, Zip code

Phone Number

Email Address

STATEMENT OF APPLICANT

7. 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

Additional Controlling Persons Information:

Name

Ownership %

Mailing Address:

Number, Street Name, Suite Number

City, State, Zip code

Phone Number

Email Address

Additional Controlling Persons Information:

Name

Ownership %

Mailing Address:

Number, Street Name, Suite Number

City, State, Zip code

Phone Number

Email Address

8.

STATEMENT OF APPLICANT

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

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MOTORCYCLE FLEET FORM

School License Number: _____

School Name: _____

Instructions:

1. Use this form when adding or removing motorcycles, check the box to indicate if you are adding or removing a motorcycle.
2. List the Year, Make, Model and Vehicle Identification Number (VIN) for all Motorcycles used for instruction.
3. Include a copy of your commercial vehicle insurance declaration page showing the motorcycles covered.
4. Updates to your school's fleet list must be submitted to the department within 15 days of the change.

Year	Make	Model	VIN Number	Add	Remove
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Note: The use of an unapproved motorcycle is a violation of Title 16 Texas Administrative Code, Chapter 98.

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. A separate staff roster must be submitted for each branch location.

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.		<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"/>

Signature of Owner and or Authorized Representative

Date Signed

Printed Name of Owner and/or Authorized Representative

Title