



**DRIVER LICENSE EXAMINING DIVISION
APPLICATION FOR COMMERCIAL DRIVING SCHOOL**

PO Box 11415
Oklahoma City, OK 73136
405-425-7175

Date: _____

Original

Renewal

School Name: _____

School Address: _____

Business Telephone Number: _____

Owner of School: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Operator of School if different than Owner: _____

APPLICATION FEES:

Original School Application \$25.00

Instructor Fee \$5.00

DOCUMENTATION REQUIRED FOR SCHOOL

____ Sample copy of all contracts or agreements

____ Sample copy of all fees and charges

____ Sample copy of school brochure

____ Sample copy of school/class curriculum

____ Certificates of insurance from a company licensed to conduct business in this state certifying proper insurance coverage. (Make, model, vehicle identification number, tag number, and registration number of all vehicles used for training purposes, except motorcycle training)

Signature of Owner/Operator