

PERSONAL HISTORY OF TRUCK DRIVER TRAINING SCHOOL OWNER, PARTNER OR PUBLIC/PRIVATE SCHOOL OFFICIAL

State Form 54904 (1-12)

INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES

100 N Senate Ave Room N481 Indianapolis, IN 46204

INSTRUCTIONS:

- 1. Complete in blue or black ink.
- 2. Complete all sections of this form for each owner, partner or official and mail to the Bureau of Motor Vehicles.
- 3. Refer to the BMV website, mybmv.com, for instructions on the application process.
- 4. Any change in school ownership will require immediate written notification to the Bureau of Motor Vehicles.
- 5. Attach additional sheets if necessary.

OWNER OR MANAGER INFORMATION						
Name of Owner, Partner, Officer or Public/Private School Official (Last, First, Middle Initial)				Date of Application (mm/dd/yyyy)		
Home Address (number and street)		City		State	ZIP Code	
Home Telephone Number ()	Address		Driver's License Number			
Name of School (where you are an owner, partner or public/private school official)				School Telephone Number ()		
Address of School (number and street)		City		State	ZIP Code	
CURRENT EMPLOYER (If Different Than Above)						
Name of Employer		Employer Telephone Number ()		Job Title		
Address of Employer (number and str	City	State		ZIP Code		
QUESTIONS						
Have you ever been convicted of a crime other than a traffic violation? If yes, explain.					☐ Yes	□ No
2. Have you ever been convicted of perjury or making false statements? If yes, explain.					☐ Yes	□ No
3. Are you now charged with or being investigated for any criminal offense? If yes, explain.					☐ Yes	☐ No
 Has your driver's license ever been refused, cancelled, suspended, invalidated or revoked? If yes, explain. 					☐ Yes	☐ No
5. Has your instructor's license ever been denied, cancelled, suspended or revoked? If yes, explain.					☐ Yes	□ No
AFFIDAVIT OF APPLICANT						
I swear or affirm that all answers, statements and all other matters contained herein are true and correct.						
I understand that making a false statement on this form may constitute the crime of perjury.						
Signature of Applicant				Date Signed (mm/dd/yyyy)		
Printed Name of Applicant				Title		