TRUCK DRIVER TRAINING SCHOOL APPLICATION FOR LICENSE

State Form 54902 (R / 5-15)
Approved by State Board of Accounts, 2015
INDIANA BUREAU OF MOTOR VEHICLES

INDIANA BUREAU OF MOTOR VEHICLES
100 N Senate Ave., Rm N481
Indianapolis, IN 46204

INSTRUCTIONS:
1. *Complete in blue or black ink or print form.*
2. *Complete all sections of this form and mail to the Bureau of Motor Vehicles at the address listed above.*
3. *Any change in school ownership will require a new application and the surrender of your current school license.*
4. *Attach additional sheets, if necessary.*
5. *Include a $100.00 check or money order made payable to the Indiana Bureau of Motor Vehicles.*

GENERAL INFORMATION

Type of Application
☐ New ☐ Renewal

Name of Truck Driver Training School	Federal Identification Number		
Address of School *(number and street)*	City	State	ZIP Code
Telephone ( )	Date of Application *(mm/dd/yyyy)*	School Website Address	

Type of School
☐ Business–For Profit ☐ Public/Private School

List names, addresses, telephone number and email addresses of all owners, partners, officers or public/private school officials of the Truck Driver Training School.

NAME/TITLE	ADDRESS *(number and street, city, state, and ZIP)*	TELEPHONE	EMAIL

INSTRUCTORS

List all instructors licensed by the Bureau of Motor Vehicles who are employed by your school as of the date of this application.

NAME	ADDRESS *(number and street, city, state, and ZIP)*	TELEPHONE	EMAIL	INSTRUCTOR LICENSE NUMBER

SCHOOL VEHICLES

Enter the following information for each vehicle used by the school for instruction purposes. If this is a first time application, a certificate of insurance must be provided for all vehicles.

MAKE OF VEHICLE	MODEL YEAR	VEHICLE IDENTIFICATION NUMBER	LICENSE PLATE NUMBER
1			
2			
3			
4			
5			

The Bureau of Motor Vehicles must be notified when a vehicle is replaced or added. A certificate of insurance is required to be submitted at that time.

AFFIRMATION

To knowingly make a false statement or conceal a material fact in this application is a criminal offense and will result in the revocation of your Truck Driver Training License. A primary owner, partner or public/private school official of the school must sign in the space provided.

I have personally examined the contents of this application and swear or affirm that the information contained herein is true and correct to the best of my knowledge. I swear or affirm that every instructor employed by this school is in possession of a valid, current instructor's license issued by the Bureau of Motor Vehicles, and that the school does not employ any current employee of the BMV or BMV Commission or any member of their immediate family. I understand that making a false statement on this form may constitute the crime of perjury.

Signature of Applicant	Date *(mm/dd/yyyy)*
Printed Name	Title