

## TRUCK DRIVER TRAINING SCHOOL APPLICATION FOR LICENSE

State Form 54902 (1-12)
INDIANA BUREAU OF MOTOR VEHICLES

## **BUREAU OF MOTOR VEHICLES**

100 North Senate Ave Room N481 Indianapolis, IN 46204

## **INSTRUCTIONS:**

- 1. Complete in blue or black ink.
- 2. Complete all sections of this form 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 new application and surrender of current school license.
- 5. Attach additional sheets if necessary.
- 6. Include \$1,000.00 check or money order made payable to the Indiana Bureau of Motor Vehicles.

Type of Application				Is this a sa	tollito locat	ion?				
New Renewal						Yes No				
		GENERAL INFO								
Name of Truck Driver Training School Federal Identification N						lentification Nu	ımber			
Address of School (number and street)			City			State ZIP Code				
Telephone Number		Date of Application (mm/dd/yyyy)		School Website Address						
Type of School (check one	_	ness - For Profit		Public / Priv	ate School					
List names, addresses, tel Training School.	ephone numbers	and e-mail addresses of all owner	s, partners, c	officers or pu	ublic/private	e school officia	lls of the Tr	uck Driver		
NAME \ TITLE		ADDRESS (number and street, city, state, and ZIP code)			TELEPHONE NUMBER		E-MAIL ADDRESS			
		QUESTIC	ONS		l					
		ublic/private school officials previou	usly operated	d a driver tra	aining cour	se/school? If	Yes	□ No		
yes, explain, giving dates of operation and reason for discontinuance, if applicable.										
Indicate the number of square feet of the classroom.										
Does your school main	tain a permanent	classroom facility? If no, explain.					☐ Yes	☐ No		
4. Do all school facilities comply with all state laws and regulations, municipal ordinances and regulations related to public health and public safety for the school and business facilities? If no, explain.						I to public	☐ Yes	☐ No		
5. What is the maximum number of students per class?										
INSTRUCTORS										
List all instructors licensed	by the Bureau of	Motor Vehicles who are employed	by your sch	ool as of the	e date of th	is application.	•			
NAME	ADDRESS (number and street, city, state, and		TELEPHONE NUMBER		E-MAIL ADDRESS		INSTRUCTOR LICENSE NUMBER			
					1					

	SCHOOL VE	HICLES	
Enter the following information with respect insurance must be provided for all vehicles.		school for instruction purposes. If initial applicat	tion certificate of
MAKE OF VEHICLE	MODEL YEAR	VEHICLE IDENTIFICATION NUMBER	LICENSE PLATE NUMBER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
NOTE: When a vehicle is replaced or ad		of Motor Vehicles and forward the certificate	e of insurance.
	AFFIRMA	ATION	
		tion is a criminal offense and will result in the re icial of the school must sign in the space provide	
my knowledge. I swear or affirm that every	instructor employed by this school uctor has been adjudicated a felon	in that the information contained herein is true a is in possession of a valid, current instructor's lefor the ten years immediately preceding the dame of perjury.	icense issued by the
Printed Name		Title	
Signature		Date Signed ( <i>mm/dd/</i> )	