



DRIVER TRAINING SCHOOL APPLICATION

State Form 51567 (R5 / 1-15)

INDIANA BUREAU OF MOTOR VEHICLES

Approved by State Board of Accounts, 2015

INSTRUCTIONS:

1. Complete in blue or black ink or print completed form.
2. Complete all sections below and submit for new or renewal license.
3. Refer to the Driver Education page on myBMV.com for instructions on how to complete this application and fee information.

Type of Application <input type="checkbox"/> New <input type="checkbox"/> Renewal				
GENERAL INFORMATION				
Name of Driver Training School				Federal Identification Number
Address of School (number and street, city, state, and ZIP code) (if online-only, registered place of business)				
Telephone Number ()		School Website Address (if applicable)		
Type of School (check one) <input type="checkbox"/> Business Entity <input type="checkbox"/> Public / Private School				
Type of Course(s) Offered (check all that apply) <input type="checkbox"/> Classroom Training <input type="checkbox"/> Online Classroom Training <input type="checkbox"/> Behind-the-Wheel				
ADDITIONAL LOCATIONS				
List the addresses of all locations at which the school will conduct business. If classroom training is offered online, indicate location name as 'Online' and include website address. Attach additional sheets if necessary.				
Location Name	Address (number and street, city, state, and ZIP code or website address)	Administrator	Telephone	Email
DRIVER TRAINING SCHOOL OWNERS OR PUBLIC/PRIVATE SCHOOL OFFICIALS				
List names, addresses, telephone numbers and e-mail addresses of all owners, partners or public/private school officials responsible for the school. Attach additional sheets if necessary.				
Name and Title	Address (number and street, city, state, and ZIP code)	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. Attach additional sheets if necessary.				
Name	Address (number and street, city, state, and ZIP code)	Telephone	Email	
SCHOOL VEHICLES				
Enter the following information with respect to each vehicle to be used by the school for behind-the-wheel training. Attach additional sheets if necessary.				
Make of Vehicle	Model Year	Vehicle Identification Number	License Plate Number	
1				
2				
3				
When a vehicle is replaced or added you must notify the Bureau of Motor Vehicles and forward the certificate of insurance.				
AFFIRMATION				
I swear or affirm that the information on this form is true and correct, and that I have read and understand driver training and education regulations as set forth in Indiana Administrative Code Title 140, Article 4. I understand that making a false statement on this form may constitute the crime of perjury, and may result in the suspension or revocation of my driver training school license.				
Signature of Owner or Public/Private School Official		Printed Name		Date (mm/dd/yyyy)