

APPLICATION FOR DRIVING SCHOOL LICENSE

R-94 REV. 2-2013

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
 DRIVER EDUCATION UNIT
 60 STATE STREET, WETHERSFIELD, CT 06161



<input type="checkbox"/> 1. ORIGINAL APPLICATION <input type="checkbox"/> 2. RENEWAL APPLICATION MAIN LOCATION / ADDITIONAL LOCATION <i>Circle One</i> <input type="checkbox"/> 3. BRANCH OFFICE APPLICATION	DMV USE ONLY LICENSE NUMBER APPROVED BY DATE
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NAME OF SCHOOL	TELEPHONE NUMBER	TAX I.D. NUMBER
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ADDRESS OF SCHOOL

NAME AND ADDRESS OF BRANCH OFFICE(S) OR CLASSROOM(S)

NAME OF OWNER(S)

ADDRESS OF OWNER(S)

NAME OF OWNER(S)

ADDRESS OF OWNER(S)

NAME OF OWNER(S)

ADDRESS OF OWNER(S)

INSURANCE INFORMATION

IS A CERTIFICATE OF FINANCIAL RESPONSIBILITY ON FILE WITH THE DEPARTMENT OF MOTOR VEHICLES?	NAME OF INSURANCE COMPANY
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LIMITS OF LIABILITY

POLICY NUMBER	BODILY INJURY		PROPERTY DAMAGE
<i>Each Accident</i>	\$ _____	\$ _____	\$ _____
	<i>Each Person</i>	<i>Each Accident</i>	<i>Each Accident</i>

Automobiles to which Insurance is applicable and which will be used for school:

YEAR	MAKE OF VEHICLE	BODY TYPE	IDENTIFICATION NUMBER	REGISTRATION PLATE NUMBER

NOTE: Any change in the above information during the license period must be reported.
ANY ADDITIONAL INFORMATION FOR ANY OF THE ABOVE SHOULD BE SUBMITTED ON A SEPARATE PAPER AND ATTACHED. **(OVER)**

