APPLICATION TO BECOME AN OFF-SITE TESTING SCHOOL
R-429 New 6-25

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
On The Web At ct.gov/dmv

NAME OF SCHOOL	LICENSE NUMBER

MAIN SCHOOL ADDRESS

NUMBER OF LOCATIONS	PHONE NUMBER	E-MAIL ADDRESS

If you have multiple locations, are you applying for all locations: ☐ **YES** ☐ **NO**

If yes, please list all addresses you are applying for (if necessary attach sheet):

Will you be able to provide a minimum of 15 (max. 22) students (no more than 5 appointments can be for individuals 22 and over.) at each location on a test date? ☐ **YES** ☐ **NO**

How many dates per month are you looking to schedule? _____

(Please note there is no guarantee you will be given the number of dates you are looking to schedule. Testing dates are equally distributed among the driving school community and are based upon staff availability)

Do you have a location that is safe for the loading and unloading of our agents and your students to perform testing at: ☐ **YES** ☐ **NO**

Have you attached your routes and do they meet the AAMVA standard: ☐ **YES** ☐ **NO**

DMV USE ONLY

☐ **APPROVED** ☐ **NOT APPROVED**

REASON

AGENT NAME	DATE