

RENEWAL FOR DRIVING SCHOOL LICENSE
R-94A Rev. 8-2023

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



INSTRUCTIONS:

1. Complete Sections 1-4
2. Complete and attach Authorization for Release of Information for DCF/CPS search (form DCF 3031)
3. For each Secondary/Vocational Private School location: Complete and attach R-318

SECTION 1

TYPE OF APPLICATION	BUSINESS NAME <i>(Please include DBA, if applicable)</i>	TYPE OF BUSINESS		
<input type="checkbox"/> RENEWAL		<input type="checkbox"/> SOLE PROP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LLC <input type="checkbox"/> INC
BUSINESS ADDRESS <i>(Main License Location-Street Number)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>	
MAILING ADDRESS <i>(If different)</i>	<i>(Street Number)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>
BUSINESS HOURS <i>(At least 2 hours of your business hours must fall between Monday thru Friday between the hours of 8 am and 3 pm)</i>				
E-MAIL ADDRESS <i>(List e-mail DMV will send any correspondence)</i>	BUSINESS TELEPHONE NUMBER	FEDERAL EMPLOYEE ID NO. / SOCIAL SECURITY FOR PROPRIETOR		
TOTAL NUMBER OF LOCATIONS WHERE BUSINESS IS COMPLETED	NAME AND BUSINESS / PHONE NUMBER AND CONTACT PERSON OF BRANCH OFFICE OR CLASSROOM <i>(Please complete Driving School Branch locations Form (R-94B) if your driving school has multiple locations)</i>			

SECTION 2 - PERSONNEL INFORMATION

LIST ALL OWNERS, PARTNERS, MEMBERS (LLC), MANAGERS (LLC) OR OFFICERS. <i>(If necessary, attach additional pages)</i> PHOTO COPY OF DRIVERS LICENSE FOR ALL OWNERS MUST BE ATTACHED.	NAME		POSITION WITH BUSINESS <i>(Officer, President)</i>		
	HOME ADDRESS		<i>(Street Number)</i>	<i>(City or Town)</i>	<i>(State)</i> <i>(Zip Code)</i>
	GENDER	DATE OF BIRTH	HOME TELEPHONE NUMBER	E-MAIL ADDRESS	
	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X				
	NAME		POSITION WITH BUSINESS <i>(Officer, President)</i>		
	HOME ADDRESS		<i>(Street Number)</i>	<i>(City or Town)</i>	<i>(State)</i> <i>(Zip Code)</i>
	GENDER	DATE OF BIRTH	HOME TELEPHONE NUMBER	E-MAIL ADDRESS	
	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X				

SECTION 3 - INSURANCE INFORMATION

SURETY BOND INFORMATION	NAME OF COMPANY	BOND NUMBER	EFFECTIVE DATE
CT FINANCIAL RESPONSIBILITY CERTIFICATE ON FILE	<input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF COMPANY	EFFECTIVE DATE

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

YEAR	MAKE OF VEHICLE	BODY TYPE	IDENTIFICATION NUMBER	REGISTRATION PLATE NUMBER	VEHICLE INSPECTION EXPIRATION DATE

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.

WORKERS COMPENSATION	Section 31-286a of the CT General Statutes requires a business may not renew a license/permit unless applicant submits proof of worker's compensation coverage as required in Section 31-284 of the CT General Statutes.		
	DO YOU CURRENTLY HAVE EMPLOYEES WORKING FOR YOU?	If you have answered yes you must submit proof of your workers compensation insurance with your renewal.	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION 4 - CERTIFICATION BY APPLICANT

The information provided to the Commissioner of Motor Vehicles on this form is subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Sections 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement that I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above referenced laws.

SIGNATURE	PRINT NAME	TITLE	DATE SIGNED
X			

(OVER)

SECTION 5 - DMV USE ONLY

DATE REVIEWED	DATE RECEIVED	LAST NAME OF EMPLOYEE CHECKING
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BUSINESS NAME VERIFIED AND MATCHES
 YES NO

DBA'S ONLY: TRADE NAME CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO	LLC/INC - REGISTERED WITH SEC. OF STATE <input type="checkbox"/> YES <input type="checkbox"/> NO BUSINESS ID NUMBER _____
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NUMBER AND ADDRESSES OF LOCATIONS VERIFIED ON CIVLS <input type="checkbox"/> YES <input type="checkbox"/> NO	FEES TO BE SUBMITTED	DATE FEES SUBMITTED
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OWNERS, MANAGERS, MEMBERS, ETC.

BACKGROUND CHECKS	DCF CHECK	DATE SENT TO DCF	DATE RESPONSE RECEIVED FROM DCF	RESPONSE <input type="checkbox"/> HIT <input type="checkbox"/> NO HIT	EMPLOYEE INITIALS
	FP BACKGROUND	DATE CHECKED	<input type="checkbox"/> HIT <input type="checkbox"/> NO HIT		EMPLOYEE INITIALS
	CISS CHECK	DATE CHECKED	<input type="checkbox"/> HIT <input type="checkbox"/> NO HIT		EMPLOYEE INITIALS
ANY CHANGES TO OWNERSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO					

INSURANCE VERIFICATION	CT FINANCIAL RESPONSIBILITY CERT.	CERTIFICATE VALID <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY NAME MATCHES <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR SPECIFIC ONLY: ALL VEHICLES COVERED <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYEE INITIALS
	SURETY BOND	BOND VALID <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY NAME MATCHES <input type="checkbox"/> YES <input type="checkbox"/> NO		EMPLOYEE INITIALS

VEHICLES ALL REGISTRATIONS ACTIVE
 YES NO

<input type="checkbox"/> APPROVED FOR RENEWAL	DATE	<input type="checkbox"/> DENIED FOR RENEWAL	DATE
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DATE DENIAL LETTER WAS SENT	EMPLOYEE INITIALS
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ISSUES: _____

ACTION TAKEN	DATE
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