



**Proposed School Information**

Proposed Name of School (if known):

Proposed City Where School will be Located:

City:

State:

Zip:

Number of Classrooms:

Classroom Sizes:

Number of Instructors:

Number of Vehicles:

Provide a brief paragraph of why you feel you are qualified to operate a driving school and the vision that you have for your facility if approved.

I hereby attest that the statements made in this application are true and correct. I also hereby certify that I have read, understood and will adhere to all rules and regulations in accordance with La. Administrative Code, Title 55, Part III.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Department Use Only

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_