

Louisiana Department of Public Safety and Corrections Office of Motor Vehicles

Driving School Co-Owner Application

Owner Informati	on									
Name of Applicant	(s):									
Physical Address:				City:			State:	Zip:		
Mailing Address (if different):				City:			State:	Zip:		
# Yrs.@ Address: Email Address (Re			quired):		Date of Birth:		Driver's License Number:			
Phone Number:			Cell Nur	mber:	Fax Num		nber:			
Education										
High School:		College:			Driver's Education		ution Training:			
Yes No		Yes		No			No			
Background										
Answer the following questions below truthfully.									No	
Have you ever been arrested, detained, charged, indicted or summoned to answer and appear for										
any criminal offense in this state or any other state, excluding minor traffic citations?										
Have you ever been convicted of any felony offenses?										
Have you ever been convicted of a crime involving violence, dishonesty, deceit, indecency, or an offense involving moral turpitude within the last ten years?										
Have you ever been convicted of any crime enumerated in R.S. 15:587.1(c) (the Child Protection Act)?										
Have you ever been convicted of any misdemeanor or felony offenses involving controlled dangerous substance(s) or driving while intoxicated/impaired within the last ten years?										
					all required informa		. A certifie	сору о	f court	
-				is require	d. Failure to include	all inforn	nation and	records	will	
result in delay or	denial of t	he applica		Т						
Offense/Conviction		Date of Offense/Conv			City, State	Disp	Disposition (Attach cer of court disposi			
Fingerprints must	be subm	itted for a	backgro	ound chec	k. See attached fing	erprint in	structional	letter an	d forms.	

Background										
Answer the following questions b		Yes	No							
Are you a citizen of the United States or an alien who is lawfully present in the United States and a resident of the State of Louisiana?										
Are you at least 21 years of age?										
Do you have at least 5 years of Non-Restricted licensed driving experience?										
Do you currently own or have you pri has been revoked or suspended for										
If yes, what school?										
Dates school was in business										
Have you ever held a license for driv										
Have you ever been a driver education instructor in a secondary school?										
If yes, has that license ever been su rules?	spended, revoked or non	-renewed for violation	of the							
If yes to either instructor ques										
Dates school was in business										
2	•									
Employment										
Prior Occupations (Last 5)	Beginning Time Period	Ending Time Period	Company							
Acknowledgement										
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 Applicar	nt	Signature of Ap	Signature of Applicant							
Printed Name of Owner		Signature of Ov	Signature of Owner							
Date										
Department Use Only										

Denied: _

Approved:_