



Louisiana Department of Public Safety and Corrections  
 Office of Motor Vehicles  
**Driving School Co-Owner Application**

Owner Information			
Name of Applicant(s):			
Physical Address:		City:	State:      Zip:
Mailing Address (if different):		City:	State:      Zip:
# Yrs. at Address:	Email Address (Required):	Date of Birth:	Driver's License Number:
Phone Number:		Cell Number:	Fax Number:
Education			
High School: Yes <input type="checkbox"/> No <input type="checkbox"/>		College: Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver's Education Training: Yes <input type="checkbox"/> No <input type="checkbox"/>
Background			
Do you meet all of the qualifications as set forth in Title 55, Section 145? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>You will be required to submit to a background check per R.S. 40:1461.</b>			
Every person engaged in the business of operating a private driving instructor training school or agency, or providing driving courses, who has or is seeking a contract or license with the Department of Public Safety and Corrections, Public Safety Services, shall consent to, pass, and pay the costs of a criminal history background check pursuant to R.S. 15:587. <b>See attached fingerprint disclosure and privacy statement.</b>			
Employment			
Have you ever been employed as a Driving School Owner/Administrator or an Instructor/Examiner? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, what school? _____			
Were you ever suspended or revoked as an Instructor/Examiner? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for the Office of Motor Vehicles? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for a Public Tag Agent (PTA)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes to either question above, have you been separated from your position for a minimum of two years? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If No, have you undergone an Ethics Review to determine any ethics code violations? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you agree to conduct yourself in accordance with Title 55 and Louisiana Revised Statutes, as well as their impact on the public? Yes <input type="checkbox"/> No <input type="checkbox"/>			

## Disclosure of Rights to Applicants

As an applicant for a position requiring fingerprints to be submitted to the Louisiana Bureau of Criminal Identification and Information - Louisiana Criminal Justice Systems (BCII-LCJIS) and the Federal Bureau of Investigation, **your fingerprints will be submitted to these agencies to check State and FBI records** (R.S. 15:587). The results of these checks will be reviewed and securely stored by the individual(s) authorized to receive these results and only be used for the purpose described.

### Discrepancies

For a Louisiana records, visit <https://www.lsp.org/about/leadershipsections/support/bcii-lcjis/>

For out-of-state (not Louisiana) records, visit <https://www.fbi.gov/> .

## Privacy Act Statement

**This privacy act statement is located on the back of the [FD-258 fingerprint card](#).**

**Authority** - The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose** - Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

As of 03/30/2018

The FBI Privacy Act Statement can be found at <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>.

**Routine Uses** - During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable routine uses may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

### Applicant Notification of Procedures for Obtaining an Amendment to an FBI Record

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.

School applying for Co-Ownership of:

Name of School:

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, the applicant, hereby attest that the statements made in this application are true and correct. I also hereby attest that I have read, understood and will adhere to all rules and regulations in accordance with Louisiana Revised Statutes and Louisiana Administrative Code, Title 55, Part III. In addition, by signing below, I acknowledge I have received, reviewed, and understand the Disclosure of Rights to Applicants and Noncriminal Justice Applicants Privacy Rights. This copy will be attached to the Driving School Instructor/Third Party Examiner application.**

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

\_\_\_\_\_  
Date

**As owner/administrator of the driving school, I have reviewed the information and associated documents for the above named applicant. I have provided the applicant with all rules and regulations in accordance with Louisiana Revised Statutes and Louisiana Administrative Code, Title 55, Part III.**

\_\_\_\_\_  
Signature of Driving School Owner

\_\_\_\_\_  
Date

Department Use Only

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

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