



Louisiana Department of Public Safety and Corrections
 Office of Motor Vehicles
Driving School Additional/Change of Location Application

Name of Driving School		License Number		Name of Owner(s)	
New Location Information (select one)					
<input type="checkbox"/> Additional Location <input type="checkbox"/> Change of Location <input type="checkbox"/> Adding Third Party Tester (to an existing location)					
Type of Services the Location will Provide (check the type of services the location will provide)					
<input type="checkbox"/> 38-Hour Course <input type="checkbox"/> 38-Hour & 14-Hour Course <input type="checkbox"/> Third Party Tester Provider					
New Physical Address for Additional location or Change of Location					
New Physical Address (for additional or change of location)					
Address		City		State	Zip
Existing Physical Address (for change of location, where school is moving from)					
Address		City		State	Zip
Supplemental Information					
Number of Classrooms			Size of Classrooms		
Owner's Cell Phone Number			School Phone Number		
School's Email Address			School's Website Address		
Confirm School's Mailing Address					
Acknowledgement					
<p>I hereby certify 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 Louisiana Administrative Code, Title 55, Part III.</p>					
_____ Signature of Owner				_____ Date	