



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 with Third Party Testing <input type="checkbox"/> 38-Hour & 14-Hour Course with Third Party Testing | | | | | |
| 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 | |