

APPLICATION FOR COMMERCIAL DRIVING SCHOOL

REGULATORY SERVICES

PO BOX 11415 OKLAHOMA CITY, OK 73136 405-522-7000

Date:	☐ Original ☐ R	enewal
School Name:		School Telephone Number:
School Name:		School relephone number.
School Physical Address:		School Mailing Address:
Owner of School:		Owner Mailing Address:
Owner Telephone Number:		Owner Email Address:
Operator of School: (if different than owner)		Operator Phone Number:
Operator Email Address:		
One (1) year, \$25.00 Four (4) years, \$100.00 DOCUMENTATION REQUIRE	D FOR SCHOOL:	
Sample copy of all contracts or agreements		
Sample copy of all fees and charges		
Sample copy of school brochure		
Sample copy of school/class curriculum		
Certificates of insurance from a company licensed to conduct business in this state certifying proper insurance coverage. (Year, make, model, vehicle identification number and tag number of all vehicles used for training purposes.)		
Note: Owner or operator must be a certified commercial driving instructor.		
Signature of Applicar	 nt	