



DRIVING SCHOOL ACCREDITATION PROGRAM

Spring 2016, DC DMV will require every District resident who has never had a driver license to successfully complete an accredited Driver Education Course prior to the issuance of a provisional driver license or driver license. The successfully completed course must consist of 30 hours of classroom instruction and 8 hours (includes 1 hour maximum of parallel parking instruction) of driving instruction; and must have been completed within the last 6 months of being issued provisional driver license or driver license. DC DMV will provide the approved course curriculum and guidelines.

To offer District residents an accredited driving education course, interested driving schools must submit an application to the DC DMV and be approved to receive Driving School Accreditation. **Only driving schools based in DC, Maryland, or Virginia are eligible to apply.** Enclosed are the required forms to complete the application process and applications may also be downloaded from the DC DMV website at www.dmv.dc.gov. Applications must be completed in their entirety and submitted with the required documentation. Once approved, the driving school will receive a certificate of accreditation which will be valid for two (2) years. DC DMV will provide the approved course curriculum along with accreditation guidelines approximately 60 days prior to the program commencement date when driving schools may begin offering the approved driving education course.

You must submit the following documents to the DC DMV:

- Completed Driving School Accreditation Application
- Business License or Occupancy Permit reflecting classroom location address
- District of Columbia Clean Hands Certification
- Certificate of General Liability Insurance
- Certificate of Vehicle Insurance (required for all instructional vehicles)
- Fingerprints obtained from Metropolitan Police Department or Local Jurisdiction (required for all Owners, Officers, and Instructors)
- Copy of Instructor License (Instructors Only)
- 5 Year Driver Record (Instructors Only)
- Copy of Vehicle Registration (required for all instructional vehicles used for this program)

Once your packet is completed, please submit to:

District of Columbia Department of Motor Vehicles
Driver Services Administration – Driving School Accreditation
95 M Street, SW Suite 300
Washington, DC 20024

Please allow 7 – 10 business days for processing and be advised that you are not authorized to act as a DC DMV accredited driving school in any capacity until you have been approved by DC DMV. Please email marquis.miles@dc.gov or call 202-729-7001 with any questions.



DRIVING SCHOOL ACCREDITATION APPLICATION

DRIVING SCHOOL INFORMATION

Name of School		DBA (if applicable)		Tax ID Number	
Contact Person				Position	
Address		Suite Number/Floor	City/State		Zip Code
Telephone Number	Fax Number	Email Address		Web Address	
Mailing Address (if different from above)					
Address		Suite Number/Floor	City/State		Zip Code

PLEASE LIST ALL OWNERS, PARTNERS, AND OFFICERS OF BUSINESS BELOW:

*Fingerprints are required for all Owners, Partners, and Officers

Name of Owner, Partner, or Officer	Position	Driver License Number	Date of Birth
Home Address	Apt/Unit Number	City/State	Zip Code
Name of Owner, Partner, or Officer	Position	Driver License Number	Date of Birth
Home Address	Apt/Unit Number	City/State	Zip Code
Name of Owner, Partner, or Officer	Position	Driver License Number	Date of Birth
Home Address	Apt/Unit Number	City/State	Zip Code
Name of Owner, Partner, or Officer	Position	Driver License Number	Date of Birth
Home Address	Apt/Unit Number	City/State	Zip Code

(if additional space is required, please attach separate piece of paper)

PLEASE LIST ALL EMPLOYED LICENSED INSTRUCTORS BELOW:

*Fingerprints are required for all instructors. A copy of the Instructor License and a 5 Year Driver Record should be submitted for each Instructor.

First Name	Last Name	Driver License Number	Date of Birth
Home Address	Apt/Unit Number	City/State	Zip Code
First Name	Last Name	Driver License Number	Date of Birth
Home Address	Apt/Unit Number	City/State	Zip Code
First Name	Last Name	Driver License Number	Date of Birth
Home Address	Apt/Unit Number	City/State	Zip Code
First Name	Last Name	Driver License Number	Date of Birth
Home Address	Apt/Unit Number	City/State	Zip Code

(if additional space is required, please attach separate piece of paper)

PLEASE LIST ALL VEHICLES USED FOR INSTRUCTION BELOW:

*A copy of the vehicle registration and proof of insurance for all instructional vehicles is required

YEAR	MAKE	TAG/REGISTRATION #	STATE	VIN #

(if additional space is required, please attach separate piece of paper)

Has the applicant or any owner, partner, officer, or other person directly interested in the business been the former holder of a driving school accreditation? YES NO

IF YES, please list states _____

Has the accreditation ever been denied, suspended, or revoked? N/A YES NO

IF YES, when? _____

Has the applicant or any owner, partner, officer, employee, or other person directly interested in the business been convicted of a felony, or any crime involving violence, dishonesty, deceit, or indecency? YES NO

IF YES, please explain in additional information section.

Is the applicant or any owner, partner, officer, or other person directly interested in the business employed by a Federal or District agency which has an established policy forbidding its employees from outside employment? YES NO

Is the applicant or any owner, partner, officer, or other person directly interested in the business an employee of the Department of Motor Vehicles whose employment is directly related to the issuance of any license? YES NO

Is the applicant or any owner, partner, officer, or other person directly interested in the business on parole or probation at the time of application? YES NO

IF YES, please explain in additional information section.

Is the applicant or any owner, partner, officer, or other person directly interested in the business been convicted of, is serving a sentence for, or is under indictment for committing or attempting to commit a misdemeanor? YES NO

IF YES, please explain in additional information section.

Is the applicant or any owner, partner, officer, or other person directly interested in the business been convicted of, is serving a sentence for, or is under indictment for committing or attempting to commit a sex offense? YES NO

IF YES, please explain in additional information section.

If any responses require additional information, please provide information here:

REQUIRED DOCUMENTATION CHECKLIST:

- Business License or Occupancy Permit reflecting classroom location address**
- District of Columbia Clean Hands Certification (<http://dcra.dc.gov/publication/dcra-clean-hands-self-certification-form>)**
- Certificate of General Liability Insurance**
- Certificate of Insurance for Vehicle Insurance (required for all instructional vehicles)**
- Fingerprints obtained from Metropolitan Police Department or Local Jurisdiction (required for all Owners, Officers, and Instructors)**
 - MPD Civilian Fingerprint Section (202) 727-4409 or Email mpd@dc.gov**
- Copy of Instructor License (Instructors Only)**
- 5 Year Driver Record (Instructors Only)**
- Copy of Vehicle Registration (required for all instructional vehicles)**

Any person using a fictitious name or address and knowingly making any false statement on this application is in violation of DC Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (D.C. Official Code §22-2405)

I hereby certify that the information contained on this application is true and correct.

Applicant's Signature: _____ Date: _____

Applicant's Name: _____

For DMV Official Use Only

DATE REC: _____

BATCH NUM: _____

APPROVED: _____

ISSUE DATE: _____ EXP DATE: _____

DMV REP: _____