STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES – **DRIVER SKILLS & EXAMS OFFICE**
600 New London Ave, Cranston RI 02920
Phone: 401-462-5750 Fax: 401-462-5784 www.dmv.ri.gov

APPLICATION FOR DRIVER'S SCHOOL LICENSE

A. APPLICANT'S INFORMATION (COMPLETE ALL FIELDS)

☐ **NEW**

☐ **RENEWAL #** _____

SEC. OF STATE ID NUMBER:

BUSINESS TELEPHONE:

SCHOOL NAME:

BUSINESS ADDRESS:

OWNERSHIP:
☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION STATE: _____

FOR DMV USE ONLY

☐ CHECK ☐ CASH ☐ CC AMOUNT: _____

☐ RHODE ISLAND BCI(S) ☐ O-O-S BCI (if required)
☐ INSURANCE REVIEW ☐ CCRI CERTIFICATE

☐ **APPROVED** ☐ **DENIED**

_____ Approved By

_____ Approval Date

NAME AND ADDRESS OF ANY BRANCH OFFICES:

NAME OF GU-1338 INSURANCE COMPANY:	POLICY NUMBER:	EFFECTIVE DATES: FROM: (MM/DD/YYYY) TO: (MM/DD/YYYY)

LIMITS OF LIABILITY:
BODILY INJURY: $ _____ each person | BODILY INJURY: $ _____ each accident | PROPERTY DAMAGE: $ _____ each accident

B. ALL OWNERS/PARTNERS/CORPORATE OFFICERS/LLC MEMBERS (ATTACH ADDITIONAL SHEET, IF NEEDED)

TITLE:	NAME:	HOME TELEPHONE:	OPERATOR'S LICENSE NUMBER	LICENSE STATE

RESIDENCE ADDRESS: NUMBER AND STREET CITY/TOWN STATE ZIP

TITLE:	NAME:	HOME TELEPHONE:	OPERATOR'S LICENSE NUMBER	LICENSE STATE

RESIDENCE ADDRESS: NUMBER AND STREET CITY/TOWN STATE ZIP

C. OWNED & OPERATED VEHICLES (ATTACH COPY OF RI INSURANCE CARDS)

REGISTRATION NUMBER:	YEAR:	MAKE & MODEL:	VEHICLE IDENTIFICATION NUMBER:
REGISTRATION NUMBER:	YEAR:	MAKE & MODEL:	VEHICLE IDENTIFICATION NUMBER:
REGISTRATION NUMBER:	YEAR:	MAKE & MODEL:	VEHICLE IDENTIFICATION NUMBER:
REGISTRATION NUMBER:	YEAR:	MAKE & MODEL:	VEHICLE IDENTIFICATION NUMBER:
REGISTRATION NUMBER:	YEAR:	MAKE & MODEL:	VEHICLE IDENTIFICATION NUMBER:

D. ALL DRIVING INSTRUCTORS (ATTACH ADDITIONAL SHEET, IF NEEDED)

NAME:	RI DRIVING INSTRUCTOR #:	OPERATOR'S LICENSE NUMBER/STATE:
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E. REQUIREMENTS FOR OBTAINING A DRIVER'S SCHOOL LICENSE

☐ A fee of **$53.50** for the driver's school license must be paid.

☐ All new driver's school license applicants are required to take the following course offered at the Community College of Rhode Island (CCRI) Warwick Knight campus: **HMNS 2290: DRIVER AND SAFETY EDUCATION**

It is recommended that the applicant contact the school in December of each year to enroll in the course: **401-825-2003**

☐ An up-to-date GU-1338 insurance form must be on file with the Division of Motor Vehicles. Please contact Financial Responsibility Office at 401-462-5747.

ADDITIONAL REQUIREMENTS
(as determined by residency status – please choose one)

☐ **Rhode Island Resident Five (5) Years or Greater**

- A Rhode Island Background Criminal Report (BCI)

☐ **Rhode Island Resident Less Than Five (5) Years**

- A Rhode Island Background Criminal Report (BCI)
- A BCI from previous state(s) resided in within the past five (5) years
- Driving record from previous state(s) resided in within the past five (5) years

☐ **Out-of-State Resident**

- A Rhode Island Background Criminal Report (BCI)
- A BCI from current state of residence and previous state(s) resided in within the past five (5) years
- Driving record from current state of residence and previous state(s) resided in within the past five (5) years

An original Criminal Background Report (BCI) can be obtained from the RHODE ISLAND ATTORNEY GENERAL'S OFFICE

F. SIGNATURE & AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, hereby waive and release any and all manners of actions, and demands of any kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the aforementioned law enforcement agencies, including the Rhode Island Department of Attorney General and their employees, in both law and equity, which I may now have or may have in the future.

I, the undersigned, declare that I am the applicant name herein, know the contents of this application and certify same to be true.

APPLICANT'S SIGNATURE:	**DATE: (MM/DD/YY)**

APPLICANT'S PRINTED NAME:	**TITLE:**

Subscribed and sworn to me this _____ day of _____, 20_____.

NOTARY PUBLIC SIGNATURE:	NOTARY PRINTED NAME:	DATE: (MM/DD/YY)

COMMISSION EXPIRATION DATE *(MANDATORY)*: