

North Carolina Division of Motor Vehicles
School Bus and Traffic Safety Section
COMMERCIAL DRIVER TRAINING SCHOOL APPLICATION FOR LICENSE
(Prepare in Duplicate – Retain Copy for School Files)

Name of Commercial Driving Training School		Date of Application	
Street Address of School	City	State	Zip Code
Mailing Address if Different than Above	City	State	Zip Code
School Phone Number	Type of Business		

Name	Position or Office	Address	Phone Number

FOR DEPARTMENT USE ONLY						
License #:	License:	1	2	3	4	5
Original Date:	Date Issued:	Date Expires:				
Verification #:	Remarks:					