

North Carolina Division of Motor Vehicles  
 SCHOOL BUS AND TRAFFIC SAFETY SECTION  
**PROPOSED PLAN OF OPERATION**

Date Submitted \_\_\_\_\_

- A. Name of School \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name of Owner(s) \_\_\_\_\_

B. Type of Courses School Proposes to Teach (See Pages 4-6 of Rules and Regulations, yes or no must be checked):

COURSE 1	COURSE 2	COURSE 3	COURSE 4	COURSE 5
Yes <input type="checkbox"/>				
No <input type="checkbox"/>				

C. **Instructional Materials:**

1. Textbooks (Give name and edition to be used) \_\_\_\_\_
2. Course outline:  State Dept. Of Public Inst. (See page 14 of Rules and Regulations)  
 Division of Motor Vehicles (Complete outline available through DMV)  
 Other (If other course is used, complete outline must accompany this plan.)
3. Lesson plans for each hour of the 30-hour course must accompany this plan.

D. List Other Instructional **MATERIALS:**

- 1.
- 2.
- 3.
- 4.
- 5.

E. List Instructional **EQUIPMENT:**

- 1.
- 2.
- 3.
- 4.
- 5.

F. List total number of students taught last full year beginning July 1, \_\_\_\_\_ ending June 30, \_\_\_\_\_  
 If no student was taught for a course enter n/a.

COURSE 1: Classwork \_\_\_\_\_ Roadwork \_\_\_\_\_

COURSE 2: \_\_\_\_\_

COURSE 3: Classwork Only \_\_\_\_\_ Roadwork Only \_\_\_\_\_

Both Classwork and Roadwork \_\_\_\_\_

COURSE 4: \_\_\_\_\_

COURSE 5: \_\_\_\_\_

G. List Instructors and Driver's License Number:

NAME	DRIVER LICENSE NUMBER

H. Instructor Trainers

NAME	DRIVER LICENSE NUMBER

**CERTIFICATION BY SCHOOL**

This proposed plan of operation is based upon the best available information and to the best of our knowledge conforms to Rules and Regulations Governing the Licensing of Commercial Driver Training School and Instructors.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

FOR USE BY COMMISSIONER OF MOTOR VEHICLE	
DISPOSITION OF PROPOSED PLAN	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Date: _____	Signed: _____
	Commissioner of Motor Vehicles