

North Carolina Division of Motor Vehicles

School Bus and Traffic Safety Section

APPLICATION FOR COMMERCIAL DRIVER TRAINING SCHOOL ROAD TEST LICENSE

(Prepare in Duplicate – Retain Copy for School Files)

Name of Commercial Driving Training School Click here to enter text.		Date of Application Click here to enter text.	
Street Address of School Click here to enter text.	City Click here to enter text.	State NC	Zip Code Click here to enter text.
Mailing Address if Different than Above Click here to enter text.	City Click here to enter text.	StateClick here to enter text.	Zip Code Click here to enter text.
School Phone Number Click here to enter text.	Commercial Driver Training School License Number and Date Issued Click here to enter text.		
School email Address Click here to enter text.			

NAME(S) OF CERTIFIED COMMERCIAL DRIVER TRAINING SCHOOL EXAMINERS (USE ADDITIONAL SHEETS AS NEEDED)

[illegible]

LOCATIONS OF PROPOSED TESTING LOCATIONS (MUST BE BUSINESS OFFICE OR BRANCH OFFICE)

[illegible]

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You must attach copies of your proposed primary and secondary road test routes to this application for review and approval.

FOR DEPARTMENT USE ONLY			
License #:		License:	Road Test Routes Received and Approved?
Original Date:		Date Issued:	Does Not Expire
Verification #:		Remarks:	