



Application for Driver's School License

Applicant's Information (Complete All Fields)

<input type="checkbox"/> NEW		<input type="checkbox"/> RENEWAL # _____		FEIN NUMBER:	
SCHOOL NAME:			BUSINESS TELEPHONE:		
NAME AND ADDRESS OF ANY BRANCH OFFICES:					
NAME OF OWNER:		LICENSE NUMBER:		HOME TELEPHONE:	
ADDRESS OF OWNER:		CITY/TOWN:		STATE:	ZIP:
OWNERSHIP: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION: STATE _____					
NAME AND ADDRESSES OF OFFICERS OR PARTNERS OF FIRM:					
NAME OF INSURANCE COMPANY:		POLICY NUMBER:		EFFECTIVE DATES: FROM: (MM/DD/YY) TO: (MM/DD/YY)	
LIMITS OF LIABILITY: Bodily Injury		Bodily Injury		Property Damage	
\$ _____ each person		\$ _____ each accident		\$ _____ each accident	

Vehicles To Which Insurance Is Applicable

YEAR:	MAKE:	BODY TYPE:	IDENTIFICATION NUMBER:	REGISTRATION NUMBER:

BCI Check and Driving Record Requirements

OUT-OF-STATE APPLICANT

If you moved to Rhode Island and have lived in this state less than thirty (30) days, you are required to submit a **Driving Record and a Background Criminal Report (BCI report) from your previous state, where you had resided.**

If you moved to Rhode Island from another state and have lived in this state more than thirty (30) days but not more than five (5) years, **in addition to the BCI report and driving record from your previous state, you also will need a BCI from the State of Rhode Island.**

IN-STATE APPLICANT

If you are in-state applicant, you are required to submit a **BCI Report from the State of Rhode Island.**

An original Criminal Background Report (BCI) can be obtained from the RHODE ISLAND ATTORNEY GENERAL'S OFFICE, 150 South Main Street, Providence, RI 02903.

I, the undersigned, hereby declare that I am OWNER PARTNER OFFICER of the above Driver's School and the information contained in the application is true to the best of my knowledge and belief.

APPLICANT'S SIGNATURE:	DATE: (MM/DD/YY)
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Subscribed and sworn to me this _____ day of _____, 20 _____.

NOTARY PUBLIC SIGNATURE:	COMMISSION EXPIRATION DATE (MANDATORY):
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