



APPLICATION FOR COMMERCIAL DRIVING SCHOOL

REGULATORY SERVICES
PO BOX 11415
OKLAHOMA CITY, OK 73136
405-522-7000

Date:	<input type="checkbox"/> Original <input type="checkbox"/> Renewal	
School Name:	School Telephone Number:	
School Physical Address:	School Mailing Address:	
Owner of School:	Owner Mailing Address:	
Owner Telephone Number:	Owner Email Address:	
Operator of School: (if different than owner)	Operator Phone Number:	
Operator Email Address:		

APPLICATION FEES:

- ☐ One (1) year, \$25.00
☐ Four (4) years, \$100.00

DOCUMENTATION REQUIRED FOR SCHOOL:

- ☐ Sample copy of all contracts or agreements
☐ Sample copy of all fees and charges
☐ Sample copy of school brochure
☐ Sample copy of school/class curriculum
☐ Certificates of insurance from a company licensed to conduct business in this state certifying proper insurance coverage. (Year, make, model, vehicle identification number and tag number of all vehicles used for training purposes.)

Note: Owner or operator must be a certified commercial driving instructor.

Signature of Applicant