

**APPLICATION FOR:**  DRIVING EDUCATION SCHOOL PERMIT (\$25)  DRIVER TRAINING SCHOOL PERMIT (\$25)

**APPLICATION FOR RENEWAL:**  DRIVING EDUCATION SCHOOL PERMIT (\$25)  DRIVER TRAINING SCHOOL PERMIT (\$25)

RETURN TO: HIGHWAY SAFETY DIVISION  
PO BOX 2000  
CHARLOTTETOWN, P.E.I. C1A 7N8

The undersigned hereby applies for a permit as a DRIVING EDUCATION SCHOOL, OR DRIVER TRAINING SCHOOL for the year ending December 31, 20 and declares that he/she has the necessary requirements for such appointment. For this purpose, the undersigned submits the following verified statements and answers to the questions contained in this application and remits the license fee in cheque or money order payable to the **Minister of Finance and Municipal Affairs**.

**FULL NAME OF APPLICANT** (IF PARTNERSHIP OR CORPORATION, STATE NAME OF SAME):

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street Town or City Postal Code

**TELEPHONE #:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Home), (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Office)

**FAX #:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Home), (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Office)

**E-MAIL ADDRESS:** \_\_\_\_\_

**NAME UNDER WHICH APPLICANT TRANSACTS BUSINESS** (if applicable):

\_\_\_\_\_

**IF AN INDIVIDUAL, STATE RESIDENCE ADDRESS** (street, town or city, county and postal code):

\_\_\_\_\_

**INDICATE EITHER:**  Partnership  Corporation  Individual

**DATE OF INCORPORATION** (if applicable): \_\_\_\_\_

<b>NAMES OF CORPORATE OFFICERS</b> <i>(If applicable)</i>	<b>TITLES</b>	<b>ADDRESSES &amp; SIGNATURES OF EACH</b>

**Class(s) of license to be taught:**  1  2  3  4  5  6  7  Air Brakes

**Does applicant have qualified Instructors?**  Yes  No

**State names and addresses of Instructors who will be carrying out the course of instruction:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list their qualifications on a separate sheet** (Initial application and/or new instructors only):

Does the applicant have more than one place of business?  Yes  No

(If yes, a separate application is required for each license.)

State locations of other places of business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List vehicles to be used: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ 2Dr. \_\_\_ 4Dr. \_\_\_ Dual Brakes:  Yes  No

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ 2Dr. \_\_\_ 4Dr. \_\_\_ Dual Brakes:  Yes  No

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ 2Dr. \_\_\_ 4Dr. \_\_\_ Dual Brakes:  Yes  No

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ 2Dr. \_\_\_ 4Dr. \_\_\_ Dual Brakes:  Yes  No

Other vehicles: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photocopy of valid insurance card(s) for each vehicle must be attached.

I do solemnly declare that the above statements and the answer to the questions above are true.

\_\_\_\_\_

Date

Signature of Witness

Date

Signature of Applicant

Personal information on this form is collected under section 31 (c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, c.F-15.01 as it relates directly to and is necessary for the Driver Education Program and will be used for this purpose only. If you have any questions about this collection of personal information, you may contact the Access and Privacy Coordinator at (902) 569-0569.

\*\*\*\*\*  
**THIS SPACE BELOW FOR HIGHWAY SAFETY USE ONLY**  
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Comments: \_\_\_\_\_  
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Date Licence Issued

Approved By