

**North Carolina Division of Motor Vehicles
SCHOOL BUS AND TRAFFIC SAFETY SECTION**

COMMERCIAL DRIVER TRAINING SCHOOL APPLICATION FOR LICENSE

(Prepare in Duplicate – Retain Copy for School Files)

Name of Commercial Driving Training School:		Date of Application:	
Street Address of Commercial Driving Training School:	City:	State:	ZIP Code:
Mailing Address of Commercial Driving Training School:	City:	State	ZIP Code
Phone:	Type of Business:		

Name	Position or Office	Address	Phone
Name	Position or Office	Address	Phone
Name	Position or Office	Address	Phone
Name	Position or Office	Address	Phone

FOR DEPARTMENT USE ONLY											
Audit No.	License:		1		2		3		4		5
License No.	Original Date:	Date Issued:					Date Expires:				
Verification No.	Remarks:										