

Submit Online at: www.nsbr.ca

Or by Mail to: PO Box 1529 Halifax, NS B3J 2Y4

## **Business Applicant Profile Information:**

| Business Name:                            |                 |           |                  |  |  |
|---|-----------------|-----------|------------------|--|--|
| Legal Entity including Operating          | Name            |           |                  |  |  |
| Canada Revenue Agency BN #:               |                 |           |                  |  |  |
| N.S. Registry of Joint Stock Companies #: |                 |           |                  |  |  |
| Business Civic Address (N                 | ot PO Box):     |           |                  |  |  |
| Street # Street Name                      |                 |           | Unit/Suite/Apt # |  |  |
| City/Town/County                          | Province        | Country   | Postal Code      |  |  |
| <b>Business Mailing Address</b>           | (If Different): |           |                  |  |  |
| Street, P.O. Box, RR #, Site #, etc       | ·               |           |                  |  |  |
| City/Town/County                          | Province        | Country   | Postal Code      |  |  |
| <b>Business Address in Nova</b>           | Scotia:         |           |                  |  |  |
| Street, P.O. Box, RR #, Site #, etc       | ·               |           |                  |  |  |
| City/Town/County                          | Province        | Country   | Postal Code      |  |  |
| <b>Business Contact Informat</b>          | tion:           |           |                  |  |  |
| Name                                      |                 | Title     |                  |  |  |
| Primary Phone #                           |                 | <br>Fax # |                  |  |  |

Please Note: The submission of an application with payment does not guarantee application approval

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**Questions:** 

Call: 902-424-5851 Or 1-800-898-7668 Fax: 902-424-0602

## **Road Safety Program**

## **Application for Driver Training School Licence**

Initial Application Fee: \$132.60 (1 year)

Please make cheque payable to Minister of Finance

NOTE: If your school will be operating branch offices each branch must complete an application form (providing the physical location information) and pay the applicable fees.

**Is this a Branch Application?** Yes No

| Owner Information   |          |         |  |  |
|---|----------|---------|--|--|
|   |          |         |  |  |
| Owner/Operator Name   |          |         |  |  |
| Address (If different from Business Applicant Profile Information): |          |         |  |  |
|   |          |         |  |  |
| Street, P.O. Box, RR #, Site #, etc.                                |          |         |  |  |
| City/Town/County  | Province | Country |  |  |
| Postal Code   |          |         |  |  |
| Primary Phone #   | Fax #    |         |  |  |

## **Enclosures**

Application must be accompanied by the following documentation. For each, please indicate if enclosed (yes/no).

Name of Instructor(s) providing theory in your classroom.

Instructor Name(s):

Instructor(s) Number:

Proof that the driver training school is registered in good standing with the Registry of Joint Stock Companies

Canadian Police Information Center (CPIC) Criminal Records Background Clearance for the applicant and all members of the partnership or of the corporation

(Class 5 and 6 require Vulnerable Sector Check with the Criminal Record Check)

Details of the driver training program including syllabus, texts and other materials to be

Details of the driver training program including syllabus, texts and other materials to be used in the delivery of the program

Details of the training aids and the facility to be used for theory instruction, including any lease or rental agreement

Yes

No

A list of the instructors for the driver training school

A list of the vehicles, including registration numbers, to be used by the driver training school to conduct driver training

Proof of insurance with a driver training school endorsement

Yes No

| Has the applicant or any member of the partnership or of the corporation ever been convicted of any crime or previously had a Driver Training School Licence cancelled as per Driving School Regulations made under Section 63 of the Motor Vehicle Act? Yes No |              |  |  |  |
|---|--------------|--|--|--|
| If YES, briefly explain   |              |  |  |  |
|   |              |  |  |  |
| I, the undersigned, do solemnly declare that the above-me declaration conscientiously believing it to be true and kno under oath and by virtue of the Canada Evidence Act.  |              |  |  |  |
| NOTE: Making a false statement on any application form m<br>licence will be issued until all required documents have been   |              |  |  |  |
|   |              |  |  |  |
|   |              |  |  |  |
|   |              |  |  |  |
| Name of Authorized Official ( <i>Please Print</i> )   | Title        |  |  |  |
| Signature   | Date (D/M/Y) |  |  |  |
|   |              |  |  |  |
|   |              |  |  |  |
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