



## PROFESSIONAL DRIVER SERVICES CHANGE REQUEST

Current Company Name (official business name on record with MVD)	MVD School Number
Current Doing Business As (DBA)	

Requested New Company Name
Requested New Doing Business As (DBA)

Change:

Change:	<b>Old</b>				<b>New</b>			
<input type="checkbox"/> Business Hours	<input type="checkbox"/> M: <input type="checkbox"/> Tu:	<input type="checkbox"/> W: <input type="checkbox"/> Th:	<input type="checkbox"/> F: <input type="checkbox"/> Sa:	<input type="checkbox"/> Su:	<input type="checkbox"/> M: <input type="checkbox"/> Tu:	<input type="checkbox"/> W: <input type="checkbox"/> Th:	<input type="checkbox"/> F: <input type="checkbox"/> Sa:	<input type="checkbox"/> Su:
<input type="checkbox"/> Training Hours	<input type="checkbox"/> M: <input type="checkbox"/> Tu:	<input type="checkbox"/> W: <input type="checkbox"/> Th:	<input type="checkbox"/> F: <input type="checkbox"/> Sa:	<input type="checkbox"/> Su:	<input type="checkbox"/> M: <input type="checkbox"/> Tu:	<input type="checkbox"/> W: <input type="checkbox"/> Th:	<input type="checkbox"/> F: <input type="checkbox"/> Sa:	<input type="checkbox"/> Su:
<input type="checkbox"/> Contact Person								
<input type="checkbox"/> Email Address								
<input type="checkbox"/> Established Place of Business								
<input type="checkbox"/> Fax Number								
<input type="checkbox"/> Mailing Address								
<input type="checkbox"/> Office Address								
<input type="checkbox"/> Phone Number								

Business Manager Name (first, middle, last, suffix)			Arizona Driver License Number		Stock %
Residence Address		City	State	Zip	
Mailing Address (if different from Residence Address)		City	State	Zip	

Other Change or Update Requested (please be specific)

If adding an instructor, please indicate type of activity: Class A = A, B and C; B = B and C; C = C only

## Branch/Site License Requests

Additional offices/classrooms **must be located in the same county** as Established Business Address (primary office/classroom) shown on the authorization application. Each additional branch/site requires site information below and payment of a separate branch/site fee **prior to** conducting any business at the branch/site.

Additional offices/classrooms located in a different county, will be considered a new Established Business Address and require a new Professional Driver Training School Application, form # 96-0315 and fee.

If more than one branch/site is requested, use additional copies of this form.

Branch/Site Type (branch fee required) <input type="checkbox"/> Office <input type="checkbox"/> Classroom <input type="checkbox"/> Both	County	MVD Branch Number	
CDL Activities ( <b>separate branch/site fee</b> is required for each PDS activity) CDL Driver Training Activities (indicate the license class – Class A= A, B and C; B= B and C; C= C only): <input type="checkbox"/> Truck ____ <input type="checkbox"/> Coach-Transit Bus ____ <input type="checkbox"/> School Bus ____			
Branch/Site Address	City	State	Zip

Site Information – This portion **must be completed in full**. Please indicate N/A if not applicable.

### Established Place of Business to be Licensed

☐ Yes   ☐ No   ☐ N/A   Will the building be devoted principally to the school business?  
If No, provide reason: \_\_\_\_\_

The place of business is a:   ☐ Building   ☐ Suite   ☐ Trailer

☐ Yes   ☐ No   ☐ N/A   If suite, does it have its own private entrance from the outside?

☐ Yes   ☐ No   ☐ N/A   If trailer, is it permanently affixed?

### Must attach photos as follows:

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Sign indicating hours of operation</li><li>• Entrance of both office and classroom</li><li>• Front and back view of classroom</li><li>• Office area and secured records storage</li></ul> | <p>If providing skills instruction, include photos of:</p> <ul style="list-style-type: none"><li>• Training/skills track (also provide diagram with dimensions of proposed track locations)</li><li>• All parking skill exercises</li></ul> |
|---|---|

### Record Keeping

☐ Yes   ☐ No   Will the records be maintained at the Established Business Address shown on the front?

If No, where will records be maintained? \_\_\_\_\_

☐ Yes   ☐ No   ☐ N/A   If a residence, is there space designated for storage of records?

**Certification** – I certify that all information provided is true and correct, and that all fingerprint clearance cards submitted are true and exact copies of the original. I understand that any misrepresentation or misstatement may cause the request to be denied. If individual, must be signed by owner. If partnership, must be signed by all partners. If corporation, must be signed by one corporate officer.

Owner, Partner or Officer Signature	Title		Date
2nd Partner Signature	Date	3rd Partner Signature	Date