

Private Driver Training School – Renewal Application 7/1/2025 to 6/30/2026 Licensure Period

The renewal application for the 7/1/25 to 6/30/26 licensure period **MUST** be received by **4/30/2025**. Applications filed after this date may result in the issuance of licenses or teacher identification cards after June 30, 2025. Please be advised that incomplete applications may be returned to the school and may result in a delay or denial of licensure. Please type or print in blue or black ink. Submit completed applications to the following address:

Pennsylvania Department of Education Private Driver Training Schools 607 South Drive, 4th Floor Harrisburg, PA 17120

The following information *must* be submitted with this application:

Check or money order made payable to the "Pennsylvania Department of Revenue" to cover the appropriate fee(s):
Renewal for each licensed school and each licensed classroom site
\$300
Schools that have more than one licensed classroom site will be charged \$300 for each additional classroom site
Renewal for each instructor
\$20
Renewal/Transfer for each vehicle
\$5
Renewal for each agent
\$5
Original or copy of a current and valid Certificate of Insurance showing the vehicle identification numbers for each vehicle including coverage and effective dates. The Certificate of Insurance must list the Certificate Holder as: Pennsylvania Department of Education, Private Driver Training Schools, 607 South Drive, Fourth Floor, Harrisburg, PA 17120

	Copy of advertising from the 2024-2025 licensing period and planned advertising for 2025-2026.
	Copy of automobile title for 2017 and 2018 vehicles to determine the 8-year expiration date.
	Prospectus of ALL Fees/Charges

Private Driver Training School Information

Phone Number:

You *must* complete all blanks. Address of school should be the mailing address. **Other locations** should be noted in the section titled "**Requesting Approval to Provide the Following Course(s) or Program(s)"**:

Name of School:
Name of Owner/Driving School Director:
Reporting Code:
Mailing Address of School:
County:
Phone Number:
Email Address:
School Website (if applicable):
Ownership Information
Please note that any legal notifications from the Pennsylvania Department of Education will be
sent to the person(s) listed below. Please indicate the type of school ownership and provide the
appropriate name(s) and address(es).
Sole Owner Partnership Corporation
Owner, Partner, President, or Chief Executive Officer:
Name:
Home Address:
Email Address: 3

Partner or Treasurer: Name:
Home Address:
Email Address:
Phone Number:
Partner or Secretary: Name:
Home Address:
Email Address:
Phone Number:
Requesting Approval to Provide the Following Course(s) or
Program(s) Check each type of approval for which you are applying. You can only renew classroom locations that were licensed for the 2024–2025 licensure period. You must submit your prospectus of ALL fees/charges with this renewal application.
Behind-the-wheel instruction consisting of six hours of training
Classroom instruction consisting of 30 hours of theory for teenagers
Online Driver Theory consisting of 30 hours of instruction (Subject to online theory application approval)
Combined program consisting of 30 hours of theory and six hours of behind-the-wheel instruction for a regular driver's license at age 17 $\frac{1}{2}$
Classroom instruction at the above address to teach four or fewer students per session
Classroom instruction for five or more students per session at the following locations (Certificate of Occupancy is required):
Building for Classroom #1 Name:
Address:
Building for Classroom #2 Name:
Address:
Building for Classroom #3 Name:
Address:

I have incorporated or will incorporate the Driver Education Content and Performance Expectations into my course outline by July 1, 2025.
Yes
No
I have included a copy of my Prospectus of ALL Fees/Charges. Yes
No

Instructor Renewal

If it is your intention to renew a PDTS licensed instructor **or** a prospective employee of your PDTS not yet licensed but whose application for an original license has been properly filed with the Pennsylvania Department of Education then you must include those individuals in this renewal application for the 2025-2026 operation period. See: 22 PA Code Chapter 101 § 101.151 (1) (3)

Please complete the information for each instructor being *renewed.*

Note: If you are adding new instructors, you must submit a separate Professional Staff Application for each new individual. You may not add new instructors using this form.

	First Name	Last Name	Driver's License #	TIMS PPID#
Instructor #1				
Instructor #2				
Instructor #3				
Instructor #4				
Instructor #5				

Registration in the Teacher Information Management System (TIMS). All Owners, Directors and Instructors MUST register in TIMS

ΑII	Owners,	Directors ar	nd	Instructors	are	registered	in	TIMS

Yes	
No	

Please complete the information for each instructor being deleted.

	First Name	Last Name	Driver's License #	PPID#
Instructor #1				
Instructor #2				

Complete the information for each vehicle being renewed

Vehicle identification numbers must contain a total of 17 digits and letters. Vehicles listed **MUST** have the special equipment specified by 24 P.S. § 2834(3)(d) and **MUST** be insured for at least: (a) \$50,000 per person/\$100,000 per accident for public liability; (b) \$5,000 property damage; and (c) \$5,000 medical payments.

Section 101.171(a) of the Pennsylvania Code requires each **school** to provide and maintain insurance on all vehicles used for practical instruction. See 22 Pa. Code § 101.171(a).

Certificates of Insurance. If you are renewing vehicles currently registered with the Pennsylvania Department of Education (PDE), you are required to submit a current and valid **Certificate of Insurance** with your renewal application.

NOTE: If you are adding a **NEW vehicle(s)**, you **MUST** submit a **Separate** *Vehicle Application* for **EACH NEW VEHICLE**. **New** vehicles may *not* be added using this form.

	Year	Make	Model	Registration Plate Number	Vehicle Identification Number	Odometer Reading	Automatic or Standard
Car #1							
Car #2							
Car #3							
Car #4							
Car #5							

Please complete the information for each vehicle being deleted

	Year	Make	Model	Registration Plate Number	Vehicle Identification Number	Odometer Reading	Automatic or Standard
Car #1							
Car #2							

Certification						
Please select the appropriate statement below and certify by signature.						
I have read and am familiar with the requirements of 24 P.S. §1-111.1 (Act 168) and the child Protective Services Law ("CPSL") as amended by Act 153. I certify that the school and all mployees and/or agents of the school are in compliance with all requirements including the learance provisions of the CPSL.						
have read and am familiar with the requirements of 24 P.S. §1-111.1 (Act 168) and the Child Protective Services Law ("CPSL") as amended by Act 153 which are inapplicable to my school because employees and/or agents do not have direct contact with children.						
Signature of Owner, Partner, President, Driving School Director, or Chief Executive Officer						
Statistical Information						
Please complete the statistical information for the time period from Jan. 1, 2024, to Dec. 31, 2024. If you are contracting with a public or nonpublic school to provide driver education services for their driver education program, do not include those students in your student count. Since it is a school's program, those students will be included in the school's annual report to PDE.						
Total # of students enrolled in your driving school						
Total # of students who completed the approved program of 30 hours of classroom AND six hours of behind-the-wheel instruction. Include those students who completed a PDE approved Online Driver Education Theory Class _						
Total # of students who completed ONLY 30 hours of classroom instruction. Include those students who completed a PDE approved Online Driver Education Theory Class						
Total # of students who completed ONLY six hours of behind-the-wheel instruction						
Contractual Information						
Please list the name(s) of each Public School District for which you have a contractual agreement to offer driver education services. Please indicate the name of the county where the District is located, and the service(s) provided. If you are participating in the EOCST program, be sure to include those Public School Districts/Schools as well.						
Public School District County B-T-W, Theory, Both						

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Affidavit

Please be certain that proper signatures are provided, and that the application is notarized

I/We certify that the foregoing statements are true and correct to the best of my/our knowledge and belief. I/We have read the Private Driver Training Schools Act, 24 P.S. § 2831 et seq., and supporting regulations found at 22 Pa. Code, Chapter 101 and certify that I /We will comply with all requirements.

Signature of Owner, Partner, President	t, Driving School Dire	ctor, or Chief Execu	itive Officer	
Signature of Partner or Corporate Trea	surer			
Signature of Partner or Corporate Secr	retary			
orginatare of Farther of Corporate Coor	otary			
Subscribed and sworn to before me thi	s	day of	, 20_	
Signature of Notary				
Department Use Only				
Date Received:				
Check/Money Order #:	Amount: \$		Log #:	_