

# DRIVER TRAINING SCHOOL OFFICE CERTIFICATION

Wisconsin Department of Transportation  
MV3683 11/2006 s.343.61 Wis. Stats.

Please inform DOT in writing if you are no longer using the approved office location.

Mail completed form to WI DOT Driver Training School Program, PO Box 7920, Madison, WI 53707-7920.

- Business Location  
 Home Office – Must be visited by a DMV representative prior to certification approval

Print clearly.

School Name as it appears on license	School Identification Number
School Office Street Address, City, State, ZIP Code	
Date to begin using identified location	
School Representative Name	
School Representative Title	

Office space must meet the listed requirements. All requirements are mandatory. If you have questions, please call 608-264-7495. Refer to s.343.61(2)(am) Wis. Stats. and Trans. 105.01, 105.05, 105.06 Wis. Adm. Code.

## Business Location and Home Office

- + Adequate lighting
- + Adequate temperature control
- + Adequate ventilation
- + Business zone – If not in business zone, attach letter from zoning authority
- + Distance - At least 1500 feet from any DOT road test sight
- + Rest room facility access
- + Space and equipment to properly maintain school records
- + Telephone designated for incoming calls to office

## Home Office – Additional Requirements

- + Office must have direct access to the exterior
- + Office must be separated from residence use by a door or partition
- + Student must be accompanied by a parent/guardian

Please use the back of this certification to sketch the proposed space. Include dimensions, locations of doors, windows, desk, files and office location within the building, if not a numbered room.

**I certify, under penalty of law, that all information on this form is true and correct.**  
**This office space contains the records for the driver training school.**  
**This office is not operated solely by a telephone answering service.**  
**Only one driving school is allowed to be operating out of this office.**  
**I understand that DOT may inspect the above space.**

\_\_\_\_\_  
(School Representative Signature)

\_\_\_\_\_  
(Date)

DTS Coordinator Use Only

Approval Mail Date	Employee Initials
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