



The Department of Motor Vehicles is introducing a pilot referred to as the Online Pre-Licensing Program (OPL). The purpose of the five year pilot is to review and study the internet as a viable method for delivering the Pre-Licensing Course.

To participate in the OPL Pilot, you must comply with all requirements in Part 10 of the DMV Commissioner's Regulations, Article 12-D of the Vehicle and Traffic Law, and the Online Pre-Licensing Course Pilot Policies.

Please mark the appropriate box:

☐ Original

☐ Amendment (*Describe what is being amended*): _____

INSTRUCTIONS

A sponsor seeking approval to conduct a Motor Vehicle Online Pre-Licensing Course must complete the application forms and include the supporting materials listed below to initiate a review of this application:

- ◆ DTP-403 - Sponsor Application
- ◆ DTP-404 - Personal History Form
- ◆ DTP-405 - Business Responsibility Questionnaire
- ◆ Course Curriculum and related materials as described in form DTP-403
- ◆ Non-refundable fee of \$7,500 in the form of a certified check

The sponsor owner, who is responsible for all matters related to administering the course in New York State, must complete this application and sign the declaration on page 4.

Please Note: Prior to final approval, a bond or letter of credit in the amount of \$100,000 must be submitted in accordance with Part 10 of the Commissioner's Regulations.

AMENDED APPLICATIONS

Describe in detail the information from the original application that is being amended and provide the supporting documentation.

The Department must be notified in writing within ten (10) days of changes to any information provided on the original application forms. An amended application forms package, with signature, must be submitted with the written notification of changes including any changes in any owners, managers, partners, officers and directors or major shareholder(s) (10% or more of the voting shares for publicly traded companies, 25% or more of the shares for all other companies) of the sponsoring agency. Failure to notify the Department of such changes shall be grounds for immediate suspension of the authorization to conduct OPL courses in New York State.

The sponsor must return this form to:

New York State Department of Motor Vehicles
Driver Training Programs
6 Empire State Plaza, Room 327
Albany NY 12228

Sponsor Name

OPL Sponsor Code:

SECTION A Contact Information**Application Contact Person** - *Person designated by the sponsor as the primary contact person in matters related to the application process.*

Name of Application Contact Person _____

Mailing Address of Contact (Include Street and Number) _____

Office Phone _____

Other Phone _____

Email Address _____

Alternate Contact Name _____

Phone _____

Email Address _____

Course Administrator for New York State - *Person designated by the sponsor owner(s) as being legally responsible for administering the sponsor's Online Pre-Licensing Course (OPL) in New York State.*

Name of Administrator _____

Mailing Address of Administrator (Include Street and Number) _____

Office Phone _____

Other Phone _____

Email Address _____

SECTION B Business Information**Type of Business** - *Check one and attach proof issued by State or County government*☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC ☐ Other _____

Business Federal ID Number (FEIN) _____

Business Mailing Address _____

List all of the business principal owners and the officers who direct the operations of the business. (Attach additional pages, if necessary):

a) Name (print) _____ Title _____

b) Name (print) _____ Title _____

c) Name (print) _____ Title _____

d) Name (print) _____ Title _____

You will be required to provide more detailed information regarding owners and third party designees on the DTP-404 and DTP-405.

SECTION C Course Ownership

Who currently owns the copyright of the course? _____

What is the relationship between sponsor and copyright owner? _____

If copyright owner and sponsor are not the same, does the sponsor have the right to distribute and use the course?

☐ Yes (*please submit written authorization*) ☐ No

List the URL your sponsoring agency proposes to use in New York State to deliver its online course:

Any sub-domain IP addresses: _____

SECTION D Technology Information

Name of System Administrator _____

Mailing Address of Administrator (Include Street and Number) _____

Office Phone _____

Other Phone _____

Email Address: _____

Best time to Contact System Administrator (Eastern Standard Time) _____

Relationship of System Administrator to the sponsoring agency _____

List primary IP Address of Web Server: _____
(in use or planned for IPIRP)

Alternate IP Address of Web Server: _____

Physical Location of Web Server: _____
_____**SECTION E Customer Service Support**

| ✓ | Type | Hours Available | Contact Information |
|---|-----------|-----------------|---------------------|
| | Telephone | | |
| | E-Mail | | |
| | Online/IM | | |
| | In Person | | |
| | Fax | | |
| | Other | | |

Customer Assistance Resolution Timeframe: (%) completed within _____
(minutes/hours)Customer Support Staff (*check all that apply*):☐ Sponsor ☐ Other _____**SECTION F Validation Solutions**

As stated in the Commissioner's Regulations Part 10 and also in Online Pre-Licensing Course Pilot Policies (included in this application package), please describe in detail the method by which the company intends to validate a student's identification and participation. Attach additional sheets describing A, B, C, & D below.

A. Personal Identity Validation Method.

C. Time Participation Validation Method.

B. Course Participation Validation Method.

D. Course Completion Validation Method.

SECTION G Security and Risk Plans

As stated in the Commissioner's Regulations Part 10 and also in Online Pre-Licensing Course Pilot Policies, please describe in detail the information in A & B below. Attach additional sheets.

A. Describe the method whereby confidential student information is ensured. Information regarding record keeping, data use, retention, storage, security, backup and recovery needs to be included.

B. Describe the procedure that will be in effect for the student describing hardware/software requirements, payment method, fees, course time requirements, privacy policies and penalties for fraudulent activity by the student that will be disclosed to the student before they are allowed to enroll.

CERTIFICATION

I certify that I am authorized to sign on behalf of and bind the applicant. I further certify that the applicant will follow the terms and conditions of the Online Pre-Licensing Course Pilot Policies, Article 12-D of the Vehicle and Traffic Law, and 15 NYCRR Part 10, and I understand that failure to do so may result in DMV's refusal to approve an applicant or the suspension or revocation of sponsor approval. I understand that **making a false statement on this application, or submitting any documentation in support of this application that is false, may be punishable as a criminal offense.** I affirm under penalty of Law, that I have read this form and know the contents, and that all answers and statements are true.

| | | |
|----------------------|--|-------------|
| Owner/Officer | Printed Name of Business Owner/Officer _____ | Title _____ |
| | Signature of Owner/Officer X | Date _____ |
| | Address (Include City, State, Zip) _____ | |

Notary Information:

↓ Notary Stamp ↓

Sworn to me on this _____ day of _____, 20 _____

Print Name: _____

Signature: X _____

Date: _____

| | | |
|----------------------|--|-------------|
| Owner/Officer | Printed Name of Business Owner/Officer _____ | Title _____ |
| | Signature of Owner/Officer X | Date _____ |
| | Address (Include City, State, Zip) _____ | |

Notary Information:

↓ Notary Stamp ↓

Sworn to me on this _____ day of _____, 20 _____

Print Name: _____

Signature: X _____

Date: _____

| | | |
|----------------------|--|-------------|
| Owner/Officer | Printed Name of Business Owner/Officer _____ | Title _____ |
| | Signature of Owner/Officer X | Date _____ |
| | Address (Include City, State, Zip) _____ | |

Notary Information:

↓ Notary Stamp ↓

Sworn to me on this _____ day of _____, 20 _____

Print Name: _____

Signature: X _____

Date: _____

| | | |
|-----------------------------|--|-------------|
| Course Administrator | Printed Name of Course Administrator _____ | Title _____ |
| | Signature of Course Administrator X | Date _____ |
| | Address (Include City, State, Zip) _____ | |

Notary Information:

↓ Notary Stamp ↓

Sworn to me on this _____ day of _____, 20 _____

Print Name: _____

Signature: X _____

Date: _____

Please attach the required documents. For original applications, enclose a non-refundable \$7,500 application fee in the form of a certified check made payable to "Department of Motor Vehicles" and mail to: New York State Department of Motor Vehicles, Driver Training Programs, 6 Empire State Plaza, Room 327, Albany, NY 12228