



PLEASE PRINT CLEARLY IN BLUE INK.

PROVIDER INFORMATION

Business Name

Mailing Address (Street and Number)

Room Number

City

State

Zip Code

Print Name and Title

*Authorized Signature (Required, in blue ink)

X

Business Phone

E-Mail Address

* The requester's name and signature must be listed on the Authorized Signature List (MV-278.6) for this school.

ORDER INFORMATION

Each book contains 50 certificates (MV-278). Specify the number of books you are ordering and the payment amount included:

_____ Books of Certificates @ \$50 each = \$ _____

**Payment must be made in full (no partial payment will be accepted) and included with this form.
Payment must be made by check or money order payable to the "Commissioner of Motor Vehicles".
DO NOT SEND CASH.**

CERTIFICATION

I understand that I am required to submit completed rosters to my local Road Testing Unit. I certify that:

- I have submitted completed rosters to the Road Testing Unit identified below;
- since my last order, I have submitted to that Unit completed rosters with the date range provided below;
- since my last order, my school issued the number of Pre-licensing Course Completion Certificates (MV-278) provided below; and,
- I am authorized to order Pre-licensing Course Completion Certificates.

I certify that the information I have provided on this form is true and complete to the best of my knowledge.

WARNING: Intentionally making a false statement or providing false or misleading information in connection with this application is a criminal offense that may subject you to criminal prosecution under the Law.

Road Testing Unit: _____

Number of Certificates Issued: _____ Date Range: _____

*Authorized Signature (in blue ink): X _____

SEND COMPLETED FORM AND PAYMENT TO:

NYS DEPARTMENT OF MOTOR VEHICLES
PRE-LICENSING PROGRAM
207 GENESEE STREET, SUITE 6
UTICA, NY 13501

A \$35.00 FEE WILL BE CHARGED FOR EACH DISHONORED CHECK

INSTRUCTIONS

1. Complete this order form. Allow 2 – 3 weeks for processing and delivery time.
2. Enclose a check or money order for the appropriate fee, payable to the “**Commissioner of Motor Vehicles**”.
 - **DO NOT SEND CASH.**
 - A \$35 fee will be charged for each dishonored check.
 - The account holder’s name must be preprinted on the check. “**Starter checks**” will not be accepted.

3. Send the completed order form and payment to:

NYS DEPARTMENT OF MOTOR VEHICLES
PRE-LICENSING PROGRAM
207 GENESEE STREET, SUITE 6
UTICA, NY 13501

4. Return class rosters for the MV-278 certificates issued by your organization since your last order to your local Road Testing Unit. Future order quantities will be evaluated based on completed and submitted rosters (see “Certification” on order form). If that quantity is different than that recorded in your initial notification, DMV will contact you.
5. If you have any questions, or would like additional information, contact the DMV call center at either **1-518-486-9786** or **1-800-698-2931**.

ORDERS WILL BE REJECTED IF ANY OF THE FOLLOWING APPLY:

- ◆ The requestor is not listed on the Authorized Signature List (MV-278.6) for the pre-licensing course provider.
- ◆ The number of books requested exceeds the maximum number authorized.
- ◆ Class rosters were not submitted to your local Road Testing Unit.
- ◆ An incorrect fee was submitted.
- ◆ The payment method is not in the form of a check or money order.
- ◆ The pre-licensing course provider has been reported as being in “bad check” status. The order cannot be filled until the bad check has been satisfied and the civil penalty has been paid.
- ◆ The payment method is not a certified check or money order for those providers that have restricted payment options due to a previous “bad check” status.
- ◆ Orders may be delayed or rejected if the form is not signed in blue ink as instructed on page 1.

