

IDAHO STATE DRIVING BUSINESSES LICENSURE BOARD
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Building #4 Boise ID 83714 or
PO Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: drb@dopl.idaho.gov

PRINCIPAL CLASSROOM LOCATION/ADDRESS CHANGE

INSTRUCTIONS

Please complete this form by providing the requested information and submit this along with the required documentation and fee to this address noted above. Please note, you are required by Rule 225 to conspicuously display the license card at your principal classroom location, therefore a \$10.00 duplicate license fee must accompany this form. (All returned checks are subject to a \$20.00 fee)

Upon receipt of this form a new license card bearing the change will be sent to the mailing address you have on record with the Bureau.

Please note: if this is an additional principle classroom location that will be in operation for more than 60 days, a new application for a driving business license and fee is required.

1. Full Name _____
2. Business License Name _____
3. Driving Business License Number _____ New Business Phone (____) _____
4. Address of Current Classroom Location _____
Street City State Zip
5. New Principal Classroom Location Address _____
Street City State Zip
6. Attach a certificate of occupancy issued to this location by the local fire marshal or the fire marshal's designated agent. If your location is exempt from this requirement because the classroom is a government building, church, or synagogue please check here: _____.

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

State of _____, County of _____, ss

Subscribed and sworn before me this ____ day of _____, 20 ____

(seal)

Notary Public Official Signature
My Commission Expires _____