

DRIVER IMPROVEMENT SCHOOL PROGRAM APPLICATION

INCOMPLETE APPLICATIONS WILL BE RETURNED

ALLOW 90 DAYS FOR PROCESSING

Type or Print Legibly

SECTION 1 – TYPE OF APPLICATION

Please select the applicable box as a New Applicant or a current Driver Improvement School Program Tester:

☐ **New Applicant** ☐ **Existing Tester – Business Partner**

SECTION 2 – SITE LOCATION

Address of the nearest Driver License Center (DLC) to your proposed location:

Number of driving miles between the nearest DLC and your proposed location:

Address of the nearest Driver Improvement School to your proposed location:

Number of driving miles between the nearest Driver Improvement School and your proposed location:

SECTION 3 – COMPANY INFORMATION

Please select the appropriate box if the company is a ☐ **Public Entity** or a ☐ **Private Entity**.

Federal Identification Number (EIN) _____ SAP Vendor Number _____

Company Legal Name _____

Doing Business As (DBA) _____

Entity Type: ☐ **Corporation** ☐ **Sole Proprietorship** ☐ **Partnership**

☐ **Limited Partnership** ☐ **Limited Liability Company** ☐ **Other** _____

Address_____

City_____County_____State_____Zip_____

Company Phone Number_____Company Fax Number_____

Alternate Phone/Cell Phone_____

Email Address_____

Please select the appropriate box if this location is ☐ **Owned** or ☐ **Leased**.

SECTION 4 – PRIMARY POINTS OF CONTACTS

Manager/Designated Programmatic Contact Person

Name_____Position/Title_____

Address_____

City_____County_____State_____Zip_____

Date of Birth_____Driver License/ID State_____Driver License/ID Number_____

Phone Number_____Email Address_____

Designated Contractual Contact Person

Name_____Position/Title_____

Address_____

City_____County_____State_____Zip_____

Date of Birth_____Driver License/ID State_____Driver License/ID Number_____

Phone Number_____Email Address_____

SECTION 5 – OWNER/PARTNER/OFFICER INFORMATION

Owner/Partner/Officer Name_____

Position/Title_____

Responsibilities within the Service_____

Address_____

City_____County_____State_____Zip_____

Date of Birth_____Driver License/ID State_____Driver License/ID Number_____

Business Phone Number _____Business Fax Number_____

Email Address_____

Owner/Partner/Officer Name_____

Position/Title_____

Responsibilities within the Service_____

Address_____

City_____County_____State_____Zip_____

Date of Birth_____Driver License/ID State_____Driver License/ID Number_____

Business Phone Number _____Business Fax Number_____

Email Address_____

Make additional copies of **SECTION 5 – OWNER/PARTNER/OFFICER INFORMATION** if there is more information to report and attach it to this application with your submission.

SECTION 6 – SUPPORT STAFF INFORMATION

Name _____ Position/Title _____

Address _____

City _____ County _____ State _____ Zip _____

Phone Number _____ Email Address _____

Date of Birth _____ Driver License/ID State _____ Driver License/ID Number _____

Responsibilities within the Service _____

Name _____ Position/Title _____

Address _____

City _____ County _____ State _____ Zip _____

Phone Number _____ Email Address _____

Date of Birth _____ Driver License/ID State _____ Driver License/ID Number _____

Responsibilities within the Service _____

Name _____ Position/Title _____

Address _____

City _____ County _____ State _____ Zip _____

Phone Number _____ Email Address _____

Date of Birth _____ Driver License/ID State _____ Driver License/ID Number _____

Responsibilities within the Service _____

Make additional copies of **SECTION 6 – SUPPORT STAFF INFORMATION** if there is more information to report and attach it to this application with your submission.

SECTION 7 – QUESTIONNAIRE

Please complete the questionnaire below.

1. Has your organization maintained a presence of business in Pennsylvania for a minimum of two years?

☐ **Yes**
☐ **No**
☐ **N/A**

2. If your entity designation is that of a school, are you accredited through the Pennsylvania Department of Education?

☐ **Yes**
☐ **No**
☐ **N/A**

3. Have any owners, partners, or corporate officers filed bankruptcy within the past seven years?

☐ **Yes**
☐ **No**

If yes, explain. _____

4. Has any owner, manager, officer, or employee ever misrepresented misstated, or defrauded a Provider's application to provide Third-Party Tester services?

☐ **Yes**
☐ **No**

If yes, explain. _____

5. Has any owner, manager, officer, or employee been convicted of a felony involving dishonesty or breach of trust?

☐ **Yes**
☐ **No**

If yes, explain. _____

6. Has any owner, manager, officer, or employee had a Third-Party Testing agreement or examiner certification terminated or revoked by the Department in the past?

☐ **Yes**

☐ **No**

If yes, explain. _____

7. Does your business meet ADA accessibility requirements?

☐ **Yes**

☐ **No**

☐ **N/A**

8. Does your business location meet all local zoning and land use ordinances and building codes?

☐ **Yes**

☐ **No**

☐ **N/A**

9. Does the proposed School have a designated supervisor that will be available during hours of operation? *Note: The Department shall have access to the designated supervisory staff during hours of Third-Party Testing.*

☐ **Yes**

☐ **No**

10. Is the Applicant equipped with a telephone dedicated to the proposed School?

☐ **Yes**

☐ **No**

If no, explain. _____

11. Does the proposed School understand that only the approved curriculum from the Department may be used?

☐ **Yes**

☐ **No**

12. Will the Department have access to the designated supervisory staff during hours of testing?

☐ **Yes**

☐ **No**

13. Does your proposed School have specified parking spaces designated for customers with disabilities?
- ☐ **Yes**
- ☐ **No**
14. Does the testing site have adequate parking to accommodate the anticipated volume of business?
- Note: Should local parking ordinances prohibit the proposed School from meeting those requirements, a copy of those ordinances must be made part of the application.*
- ☐ **Yes**
- ☐ **No**
15. Does the proposed School understand that all examinations will be provided by the Department?
- ☐ **Yes**
- ☐ **No**
16. Does the proposed School utilize an operational electronic security system that provides 24-hours, seven days a week monitoring?
- ☐ **Yes**
- ☐ **No**
17. Does the proposed School have a functioning alarm system which notifies the responsible law enforcement agency immediately should any unauthorized entry into the facility occur?
- ☐ **Yes**
- ☐ **No**
18. Does the proposed School site have a laptop or desktop with a secure internet connection for scheduling tests?
- ☐ **Yes**
- ☐ **No**
19. Does the proposed School's alarm system have a functioning cellular back-up system to ensure alarm notification occurs if telephone line service is interrupted?
- ☐ **Yes**
- ☐ **No**
20. Does the proposed School's alarm system have a 36-hour battery back-up system to ensure alarm notification occurs if there is an electrical power outage?
- ☐ **Yes**
- ☐ **No**
21. Does the proposed School's alarm system allow for assignment of unique security access codes for designated Third-Party Tester employees?
- ☐ **Yes**
- ☐ **No**

22. Can the Provider maintain with the Department a Performance Bond in the amount of \$150,000. *Note: Bonds will not exceed \$150,000.*

☐ **Yes**

☐ **No**

23. Do any of the owners, partners, corporate officers, or any business with which they were previously affiliated have any outstanding liabilities which are due and owing to the Commonwealth of Pennsylvania or any other states or jurisdictions, including but not limited to taxes, fees, monetary penalties, or outstanding registration plates or paperwork?

☐ **Yes**

☐ **No**

If yes, explain. _____

24. Have any owners, partners, or corporate officers of this business ever been convicted or administratively sanctioned for violations of the Department's regulations, Title 18 of the Pennsylvania Crimes Code, or Chapters 11, 13, or 23 of Title 75 of the Pennsylvania Vehicle Code?

☐ **Yes**

☐ **No**

If yes, explain. _____

25. Have any owners, partners, or corporate officers of this business ever been convicted of a felony or misdemeanor?

☐ **Yes**

☐ **No**

If yes, explain. _____

26. Does the proposed School understand and agree to abide by all Program Requirements set forth in Exhibit B of the Driver Improvement School Program Agreement?

☐ **Yes**

☐ **No**

SECTION 8 – THREE (3) REFERENCES

Include at least three references from companies or agencies that have done business with the applicant within the last three years. Provide the business name, address, website and telephone number of the references, and the name, address, email address and phone number of responsible officials to contact. The Department may contact the references.

SECTION 9 – REQUIRED SITE PHOTOGRAPHS

Photos must be in color. Under the photo provide the location and what the photo is documenting for easy reference. Each site is required to provide photos for the following:

- Interior
- Exterior
- Main entrance and outside signage (business sign).
- Posted Business Hours.
- Interior signs including exit and emergency.
- Exterior Signs
- Existing security cameras
- Proposed facility parking area.
- Designated parking for persons with disabilities.
- Designated area for customers with adequate seating.
- Designated work area for employees.
- Proposed secure storage area.

SECTION 10 – ADDITIONAL DOCUMENTATION REQUIRED FOR APPLICATION

- The Third-Party Driver Improvement School employees shall sign the Department's Record Information Confidentiality Policy statement.
- The Third-Party Driver Improvement School employees shall sign a Department Management Directive 205.34 Amended, Commonwealth IT resource acceptable use policy user agreement.
- Concise description of the applicant's ability to meet the requirements of the Third-Party Driver Improvement School program.
- Include a narrative describing a proposed approach to achieve the objectives of the Third-Party Driver Improvement School's License Skills Testing Program. Describe the personnel structure, policies, procedures, practices, supervision.
- Include a detailed organizational chart clearly describing the chain of command for specific site staff.
- Provide a job description for each position on the organizational chart.

- Each job description will contain the following information:
 - 1) Title of the position
 - 2) Basic job function statement
 - 3) Title of the position to whom the employee reports
 - 4) Job duties and responsibilities
 - 5) Scope of authority
 - 6) Standards of performance to include that all skills testing will be administered in accordance with test standards and instructions supplied by the Department.
- Provide a facility plan which includes the interior and exterior of the facility. It shall include a floor plan and provide in its design the physical layout of the following: designated area for customers with adequate seating, designated work area for Third-Party Tester employees, and secure storage area.
Note: If the building is not currently in existence, the applicant must describe specifics on the building and time frames of expected completion dates.
- Provide a specific and comprehensive security plan. The security plan shall describe the method of security it intends to safeguard equipment and supplies.
- If Applicant wishes to advertise for the Third-Party Driver Improvement School, provide any and all advertising (television, internet, billboard, newspapers, magazines, posters, signs, websites, commercials, radio advertisements, etc.) for the Third-Party Driver Improvement School.
- The Driver Improvement School's curriculum must outline the Department's requirements.

SECTION 11 – PENNSYLVANIA STATE POLICE CRIMINAL BACKGROUND CHECK

ALL Applicants, Owners, Corporate Officers, and Employees are required to provide the results received from a Pennsylvania State Police background check with their application packet. If any Owners, Corporate Officers, or Employees reside outside of Pennsylvania, a criminal background is required from that state as well. FBI and/or third-party results are not accepted. Applicants must provide criminal background checks for any new employees hired after receiving a fully executed business partner agreement with the Department of Transportation. The background check must be conducted prior to initial access and on an annual basis thereafter.

Please Note: If a conviction exists, the issuing business partner must furnish the facts of the offense **AND** secure the Department's approval **BEFORE** hiring or retaining an employee.

SECTION 12 – APPLICANT CERTIFICATION

I _____, certify that neither I, nor any of the Owners,
(Print Name of Applicant)

Managers, Officers or Employees of _____ have
(Print Company Name)

been convicted of a crime under Title 18 of the Pennsylvania Consolidated Statutes, Annotated, or the criminal laws of the United States. Nor are any under sanction nor ever have been under sanction or investigation by the Pennsylvania Department of Transportation for violations under the Vehicle Code (75 Pa.C.S. 101 et seq.), Department regulations, nor any existing agreement with the Pennsylvania Department of Transportation.

(Signature of Applicant)

(Date Signed)

SECTION 13 – ZONING AND BUILDING CODE COMPLIANCE STATEMENT

I _____, attest that the business identified in
(Print Name of Applicant)

Section 2 of this application meets all local zoning ordinances and building codes.

(Signature of Applicant)

(Date Signed)

SECTION 14 – ACKNOWLEDGEMENTS

ALL examiners or employees' part of the Driver Improvement School, shall acknowledge and agree to the following statements:

The Department's Driver Improvement School Program Manager shall schedule meetings and shall select meeting locations. Most meetings take place at the Riverfront Office Center, 1101 South Front Street, Harrisburg, PA. A representative from the proposed School shall be available to come in person to meetings in Harrisburg if requested by the Department. Travel, lodging and subsistence expenses are the responsibility of the proposed School.

To become part of The Driver Improvement School program, the Applicant shall also execute an agreement provided by the Department, in which the applicant shall, at a minimum, comply with the requirements and instructions of the Department for Third-Party Testers, including audit procedures,

and shall hold the Department harmless from liability resulting from the Third-Party Tester's administration of its Driver Improvement School program.

Hours of operation shall be reported to the Department's Driver Improvement School Program Manager. Each location must always have at least one Driver Improvement School employee present at the physical address during the scheduled hours (posted business hours) to address customer walk-ins, phone calls, announced and unannounced auditors, etc. require that the proposed School's examiners do not administer the skills exam to an immediate family member, personal friend or acquaintance.

Permit the Department, its designee's, contractors, or all three to examine its records and audit its testing program.

Permit the Department to conduct announced and unannounced audits at the Department's discretion.

Ensure that if any complaints are received by the Department from Third-Party Examiners, drivers, or both that Third-Party Testers shall fully cooperate with any investigation by the Department's Third-Party Program Manager or another designated Department official.

The Driver Improvement School shall send to the Department by January 31st each year, a report showing Pennsylvania State Police background checks of personnel employed in the Driver Improvement School.

Mark **all** checkboxes to affirm the following acknowledgements:

- ☐ The proposed School shall supply to every employee including but not limited to administrative staff, and supervisor, including back up staff, an identification badge which shall be always worn by employees while on duty.
- ☐ No school may advertise or represent themselves to be an agent or employee of the Department, nor shall any individual, partnership, association, or corporation purchase, use, or allow the use of any advertisement that might lead the public to believe they are or were an employee or representative of the Department.
- ☐ All owners, partners, and officers read, understood, and shall comply with applicable IT standards and policies issued by the Governor's Office of Administration. These standards and policies are contained in Information Technology Policies (ITPs) and are posted at:
<http://www.oa.pa.gov/Policies/Pages/itp.aspx>
- ☐ All owners, partners, and officers read, understood, and shall comply with applicable Management Directives issued by the Governor's Office of Administration. These directives can be found at:
<http://www.oa.pa.gov/Policies/md/Pages/default.aspx>
- ☐ Only the proposed School certified by the Department can administer the Driver Improvement course to applicants.
- ☐ Third-Party Driver Improvement Schools shall offer classroom instruction, online instruction, or a combination of both.
- ☐ Employ at least two Department-approved employees.
- ☐ A Third-Party Driver Improvement School Instructor shall not administer a course to an immediate family member or personal friend.

- ☐ A Third-Party Driver Improvement School shall be fully accountable for the oversight and conduct of its Third-Party Driver Improvement School Instructors and shall employ only Third-Party Driver Improvement School Instructors having a minimum experience of two years teaching or training, to the extent necessary to conduct training courses and curriculum in accordance with the Vehicle Code (75 Pa. C.S. 1538 et seq.) and the Department.
- ☐ The Department, at its discretion may take unannounced visits to observe and inspect Third-Party Drive Improvement School operations. The Department shall have the right to conduct on-site inspections of the program as often as, and in the manner the Department deems necessary.
- ☐ The Third-Party Driver Improvement School shall maintain with the Department a performance bond in the amount of \$150,000.
- ☐ Employ at least two Department-approved Instructors.
- ☐ Submit a copy of the proposed School's curriculum to the Department.

SECTION 15 – CERTIFICATION

The Owner, Officer, or Authorized Signatory of the applying business shall sign this document below.

I certify, as an Owner, Officer, or Authorized Signatory, that the information provided herein is true, accurate and complete to the best of my knowledge and belief. I have read and reviewed the **Requirements Document, Application**, and the **Agreement**.

Company Name _____

Name & Title _____

Signature _____ Date _____

Please submit one copy of the completed **checklist, application, photographs** and **all relevant attachments** via:

Email (preferred): RA-PDDRVRIMPSCH3RDPR@PA.GOV

OR

MAIL: **PennDOT**
Bureau of Support Services
Contracts Administration Unit
1101 South Front Street, 4th Floor
Harris burg, PA 17104