

# DRIVER TRAINING SCHOOL CLASSROOM CERTIFICATION

Wisconsin Department of Transportation  
MV3684 10/2006 s.343.61 Wis. Stats.

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

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

Print clearly.

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

- \$10 One-time fee at classroom street address – Make check payable to **Registration Fee Trust**
- Change room number for classroom at same street address – No fee

Classroom space must meet the listed requirements. All requirements are mandatory and no exceptions are allowed. Refer to s.343.61(2)(am) Wis. Stats. and Trans. 105.01(4) Wis. Adm. Code.

- + Audio-visual materials (Projector, chalkboard, VCR/TV, etc.)
- + Adequate lighting
- + Adequate temperature control
- + Adequate ventilation
- + Business zone – If not in business zone, attach letter from zoning authority
- + Clean
- + Distance - At least 1500 feet from any DOT road test sight
- + Noise - Free of noise or potential distractions
- + Public School Approval – Attach letter
- + Rest room facility access
- + Space - At least 20 square feet per occupant – Maximum number of students is 35

	X		/	20	=	
(Room Width)		(Room Length)				(Number of Students)

Please use the back of this certification to sketch the proposed space. Include room number, classroom dimensions, door and window locations. If the classroom is not a numbered room within the building, include as part of the sketch the classroom location within the building.

**I certify, under penalty of law, that all information on this form is true and correct.  
This classroom space provides a comfortable, safe and learning-conducive environment for students.  
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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