**DRIVING SCHOOL-**
**INSTRUCTOR TRAINING SCHEDULE**
**R-280 REV. 2-2013**

**SHOULD BE SUBMITTED TO DMV PRIOR TO START OF TRAINING**

STATE OF CONNECTICUT
**DEPARTMENT OF MOTOR VEHICLES**
*COMMERCIAL DRIVING SCHOOL UNIT*
60 STATE STREET WETHERSFIELD, CT 06161

**TO:** DEPARTMENT OF MOTOR VEHICLES, COMMERCIAL DRIVING SCHOOL UNIT, 60 STATE STREET WETHERSFIELD, CT 06161

| NAME OF APPLICANT | TRAINER | TRAINERS LICENSE NUMBER |
|---|---|---|
| | | |

**SCHOOL AFFILIATION AND SCHOOL NUMBER**

The driving school specified intends to conduct a 45-hour Initial/Additional driving instructor training course. For the above named applicant. Outlined below is the intended training schedule.

**TRAINING SCHEDULE**

| DATE OF TRAINING | COURSE MATERIAL | BEGINNING TIME | ENDING TIME |
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**SIGNED** *(Driving School Owner or Licensee)*

**X**

**DATE SIGNED**