



FORM A

DRIVING SCHOOLS REGISTRATION/ RENEWAL/ VARIATION CHECKLIST

PART A. GENERAL INFORMATION

Please fill in the necessary information.

- a) Name of driving school
- b) Postal address
- c) Physical address (county, street, house)
- d) Tel number.....
- e) Email address
- f) Certificate of incorporation No.....
- g) Trade License No.....
- h) Classes offered (Tick) A B C D E F G
- i) Proprietors name (s)
 - 1. Pin No..... ID.NO.....
 - 2..... Pin No..... ID.NO.....
 - 3..... Pin No..... ID.NO.....

PART B: MANDATORY REQUIREMENT *(please tick where appropriate)*

NO	ITEM	AVAILABLE	NOT AVAILABLE
1	Management Office		
2	Reception/ secretary office		
3	Theory Room		
4	Training vehicles/ machines		
5	Learning materials		
6	Safety Equipment (fire extinguisher, first aid box)		
7	Student attendance record		
8	Toilets for both gender		
9	Learning Environment	Suitable <input type="checkbox"/>	Not Suitable <input type="checkbox"/>
NO	ITEM	AVAILABLE	NOT AVAILABLE
1	Model Town Board		

2	Students seats		
3	Teaching Aids Road Signs & Chart		
	Black & White Writing Boards		
4	Curriculum Books		
5	Learner's handbooks		
6	Schemes of work and lesson plans		

PART D: STAFF COMPLIMENT

Fill in the following.

a) Head Instructor.....Id No.....Tel.....

b) Secretary.....Id No.....Tel.....

Details of Instructors

No	Name	NTSA Certificate No.	Instructor License No	ID No	Highest Level Of Education
1					
2					
3					
4					

Training Vehicles details

No	Registration Number	Make	Capacity	Comprehensive Insurance Cover	Inspection Report Vc.No.
1					
2					
3					
4					
5					
6					

PART D: ATTACHMENTS

Please attach the following documents when submitting the Questionnaire to the Authority.

- Copy of Certificate of Incorporation/ Business registration certificate.
- Copy of CR 12 form.
- Lease agreements of the premises.
- NTSA instructor's certificate /Serial number.
- Schemes of work for instructors
- Certified copies of inspection reports for training vehicles.
- Samples of lesson plans.
- Copies of Curriculum Vitae for management of driving school. (managers, supervisors, Secretaries, Accountants)
- Copy of the vehicle logbooks
- Copy of vehicle insurance (Comprehensive)
- Copy of KRA Pin for Individual or Business

I agree to ensure that the licensed driving school will comply with all provisions of all Regulations, policies, and guidelines established by the Authority for the operation of driving schools and the employment of driving instructors.

I, the undersigned, hereby certify that I am _____ (Title) of the above driving school and that the information contained in this application is true to the best of my knowledge and belief.

Applicant Name: _____
(Proprietor, Partner or Officer)

Signature of Applicant: _____

Date: _____

False statements are punishable by fine, imprisonment, or both (Regulation 30)