

**IDAHO STATE DRIVING BUSINESSES LICENSURE BOARD**  
**Bureau of Occupational Licenses**  
**700 WEST STATE STREET, PO BOX 83720**  
**Boise, Idaho 83720-0063**

**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 its receipt 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**

I hereby certify under penalty of perjury that the information provided above is true and correct. I further certify that I have reviewed the Idaho Laws and Rules governing Driving Businesses and that the applicant will comply with them. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, report, record, statement, recommendation, or evidence that may have bearing on the applicant's eligibility for or maintenance of the license for which the applicant is applying. I also hereby authorize the Bureau to release the information provided on this application about the applicant that may otherwise be protected or confidential to other governmental agencies upon request. I understand that the applicant must keep the Bureau current on all information the applicant provided to it in connection with this application and licensure and that the applicant must promptly notify the Bureau in writing of any change that occurs. I sign this affidavit and application below as the applicant (if the applicant is a natural person) or, if the applicant is a business entity, as an agent of the applicant that is authorized to make and sign this application on the applicant's behalf.

\_\_\_\_\_  
Signature

State of \_\_\_\_\_, County of \_\_\_\_\_, ss

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_