



Form A

DRIVING SCHOOLS REGISTRATION/ RENEWAL/ VARIATION CHECKLIST

PART A. GENERAL INFORMATION

Please fill in the necessary information.

- a) Name of driving school
- b) Branch
- c) Certificate of incorporation No.....
- d) Operating License number Expiry date.....
- e) Trade License No.....
- f) Postal address
- g) Physical address (county, street, house)
- h) Tel number.....
- i) Email address
- j) Classes offered (Tick) A B C D E F G
- k) Proprietors name (s)
 - 1. Pin No.....ID.NO.....
 - 2..... Pin No.....ID.NO.....
 - 3..... Pin No.....ID.NO.....
 - 4..... Pin No.....ID.NO.....
 - 5..... Pin No.....ID.NO.....
- l) How many students do you enrolled in a Month.....

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"/>

PART C: EVALUATION- (Please tick appropriately)

NO	ITEM	AVAILABLE	NOT AVAILABLE
1	Model Town Board		
2	Students seats		
3	Teaching Aids (Road signs Chart)		
4	Curriculum Books		
5	Learner's handbooks		
6	Highway code		
7	Schemes of work and lesson plans		
8	Black/ White writing board		
9	Students admission records		
10	Students' progress record and assessment tests		

PART D: STAFF COMPLIMENT

Fill in the following.

- a) Manager.....Id No.....Tel.....
- b) Secretary.....Id No.....Tel.....
- c) Number of Instructors.....
- d) Number of instructors trained.....

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

Training Vehicles details

- a) Does your school have training vehicles?Yes.....No.....
- b) If yes, please specify by filling in the detail in the form below.

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

Are there other driving school(s) in the same building or locality? Yes No

If yes, specify the name of the driving school(s)

- 1.....
- 2.....
- 3.....
- 4.....

DECLARATION BY THE DIRECTOR (S)

We the undersigned confirm that the information submitted in this report are complete, true and correct in every detail

Name	Designation	Signature	Date
1.....
2.....

PART E: ATTACHMENTS

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

1. Copy of Certificate of Incorporation/ Business registration certificate.
2. Copy of CR 12 form.
3. Lease agreements of the premises.
4. Copy Student admission records.
5. NTSA instructor's certificate /Serial number.
6. Copy of students attendance register.
7. Schemes of work for instructors with effect from January, 2018.
8. Certified copies of inspection reports for training vehicles.
9. Samples of lesson plans.
10. Copies of Curriculum Vitae for management of driving school. (managers, supervisors, Secretaries, Accountants)
11. Copy of the vehicle logbooks
12. Copy of vehicle insurance (Comprehensive)
13. Copy of County Council business permit
14. Copy of KRA Pin for Individual or Business