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| Texas Workforce Commission logo | | | Texas Workforce CommissionCareer Schools and CollegesMotor Vehicle Fleet Affidavit | | | | | | | | | | |
| **Please mail this form, CSC-307COI New Program (Truck Driving) Application, and associate fees when completed to:**  **TWC Career Schools and Colleges**  **101 East 15th Street, Rm. 226T**  **Austin, Texas** **78778-0001**  **Helpdesk:** [**career.schools@twc.texas.gov**](mailto:career.schools@twc.texas.gov) | | | | | | | | | For TWC Use Only | | | | |
| Date Received:  Initialed By:  Date Assigned: | | | | |
| School Information | | | | | | | | | | | | | |
| TWC is responsible for licensing and regulating private postsecondary educational institutions (also known as career schools and colleges), as required under Texas Education Code Chapter 132 and the TWC rules in Texas Administrative Code Chapter 807. Use this affidavit to disclose motor vehicle fleet information. | | | | | | | | | | | | | |
| School Number (**TWC Use Only**): | | | | | | School Legal Name (please print): | | | | | | | |
| School Physical Address (Street 1): | | | | | | School Physical Address (Street 2): | | | | | | | |
| City: | | | | | | State: | | | | | | ZIP Code: | |
| Insurance Information | | | | | | | | | | | | | |
| For all vehicles, a copy of the certificate of liability insurance and Texas apportioned license cab card must be provided. | | | | | | | | | | | | | |
| Vehicle Information | | | | | | | | | | | | | |
| This portion of the form must be completed and submitted within ten (10) days of any addition or deletion to the motor vehicle fleet of any truck driving school. | | | | | | | | | | | | | |
| Addition  Deletion | Year: | Make/Model: | | VIN or Serial Number: | License Number  /State: | | | | | Owned (O)  Leased (L) | Name of Lessor (if leased): | | Address of Lessor  (If leased): |
| Addition  Deletion | Year: | Make/Model: | | VIN or Serial Number: | License Number  /State: | | | | | Owned (O)  Leased (L) | Name of Lessor (if leased): | | Address of Lessor  (If leased): |
| Addition  Deletion | Year: | Make/Model: | | VIN or Serial Number: | License Number  /State: | | | | | Owned (O)  Leased (L) | Name of Lessor (if leased): | | Address of Lessor  (If leased): |
| Addition  Deletion | Year: | Make/Model: | | VIN or Serial Number: | License Number  /State: | | | | | Owned (O)  Leased (L) | Name of Lessor (if leased): | | Address of Lessor  (If leased): |
| Addition  Deletion | Year: | Make/Model: | | VIN or Serial Number: | License Number  /State: | | | | | Owned (O)  Leased (L) | Name of Lessor (if leased): | | Address of Lessor  (If leased): |
| Addition  Deletion | Year: | Make/Model: | | VIN or Serial Number: | License Number  /State: | | | | | Owned (O)  Leased (L) | Name of Lessor (if leased): | | Address of Lessor  (If leased): |
| Addition  Deletion | Year: | Make/Model: | | VIN or Serial Number: | License Number  /State: | | | | | Owned (O)  Leased (L) | Name of Lessor (if leased): | | Address of Lessor  (If leased): |
| Addition  Deletion | Year: | Make/Model: | | VIN or Serial Number: | License Number  /State: | | | | | Owned (O)  Leased (L) | Name of Lessor (if leased): | | Address of Lessor  (If leased): |
|  | | | | | | | | | | | | | |
| School Authorized Official Certification | | | | | | | | | | | | | |
| If addition is selected, the applicant swears that all vehicles described herein are: (1) properly registered, (2) in safe mechanical condition, (3) properly identified in compliance with the rules and regulations relating to signs on motor vehicles owned or leased by career schools or colleges, and (4) properly insured in compliance with all state laws (including Article 6701(h), Vernon’s Texas Civil Statutes), and the rules and regulations, therefore.  If deletion is selected, the applicant swears that the vehicle(s) is/are no longer operated by the truck driving school named herein for truck driver training purposes.  The undersigned swears (affirms) that s/he is the authorized representative of the career school or college listed above; that s/he is authorized to execute this affidavit; and that the information contained herein is true in substance and in fact. | | | | | | | | | | | | | |
| Authorized School Official Name (Print): | | | | | | | | Title: | | | | | |
| Authorized School Official Signature: | | | | | | | | | Date: | | | | |
| Notary | | | | | | | | | | | | | |
| State of: | | | | | | | County of: | | | | | | |
| where witnessed. Subscribed and sworn to me this (mm/dd/yyy): | | | | | | | | | | | | | |
| My commission expires: (mm/dd/yyyy): | | | | | | | | | Notary Signature: | | | | |
| STAMP/SEAL: | | | | | | | | | | | | | |