



DRIVER EDUCATION FOUNDATION OF AMERICA



DRIVING SCHOOL APPLICATION AND REGISTRATION

Federal regulations require that we collect and retain information in our records. Information provided is kept strictly confidential.

| Business Legal Name: | | | |
|--|--|--|--|
| Primary Contact Name: | | | |
| Business Address: | | | |
| Office Telephone #: | Alternative #: | Fax #: | |
| Website: | | E-mail Address: | |
| School State License #: | | | |
| Hours of Operation: | | | |
| Surety Bond: | Value: | Expiration date: | |
| Insurance carrier: | Expiration date: | | |
| <i>(Driving school to provide a Certificate of Liability Insurance for DEFA's records.)</i> | | | |
| Driving School Facilities | | Affiliations and Memberships | |
| Classroom | Yes <input type="checkbox"/> No <input type="checkbox"/> | DSAA | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Curriculum (State approved) | Yes <input type="checkbox"/> No <input type="checkbox"/> | NSC | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| # of Training Vehicles | _____ | Chamber of Commerce | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| # of Simulator Units | _____ | Other (please list) _____ | |
| Computers | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Programs Offered (Please check the courses you offer) | | | |
| Teen Driver Education | | ADAP Course | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 30 Hour Driver Education Classroom | Yes <input type="checkbox"/> No <input type="checkbox"/> | DUI – Court Regulated | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 30 Hour Online (State approved) | Yes <input type="checkbox"/> No <input type="checkbox"/> | # of hrs: _____ | |
| 10 Hour Behind-The-Wheel | Yes <input type="checkbox"/> No <input type="checkbox"/> | Driver Improvement | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If NO, what other hours do you offer? | | Defensive Driving Course (online) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | | Defensive Driving Course (classroom) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | | Third Party Driver Testing | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | | Other Programs Offered | |
| | | _____ | |
| | | _____ | |
| | | _____ | |
| Instructor's Information (For additional instructors, please print & submit a separate application) | | | |
| Instructor Name: _____ | | Contact No: _____ | |
| State License No: _____ | | Issue date: _____ Expiration date: _____ | |
| Number of years experience as an Instructor: _____ | | | |
| Instructor qualified in: | | | |
| Teen Driver Education | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| DUI and Driver Improvement | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Defensive Driving Instruction | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Additional Certifications: _____ | | | |

Driving School to submit a brief summary of Behind-The-Wheel training and classroom curriculum, online and any other type of training programs offered to the Foundation. DEFA's Board of Directors reserves the right to approve/decline applications based on information and verification of data supplied by the Driving School and Driving Instructors on this application.

CEO/President

Date

DEFA Board Member

Date