



# 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>			
<b>Driving School Facilities</b>		<b>Affiliations and Memberships</b>	
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"/>		
<b>Programs Offered</b> (Please check the courses you offer)			
<b>Teen Driver Education</b>		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	
		_____	
		_____	
		_____	
<b>Instructor's Information</b> (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