Sponsoring Agency NEW YORK STATE EDUCATION DEPARTMENT Agency **0 5**

Name

(Last, First, M.I.)

Address

(Street or Box Number) (Date of Birth)

(City or Town) **N Y** (State) (Zip Code) Sex M F

Motorist Identification Number

Please Print the following information as it appears on your Drivers's License.

MAILING ADDRESS IF DIFFERENT FROM ABOVE:

STREET CITY ZIP

Delivery Agency Agency Code

INSTRUCTOR'S NAME **NUMBER:**

Date Course Started (Year) (Month) (Day) Completed (Year) (Month) (Day)

☐ Basic

☐ Advanced

Reason for Taking Course, check one:

(0) ☐ Insurance Reduction (2) ☐ Point/Insurance (4) ☐ Self Improvement

(1) ☐ Point Reduction (3) ☐ Requirement for Job (5) ☐ Other (please explain) _____

Have you taken a Driver Improvement Course prior to this Course? Check one:

(0) ☐ No or Yes, within (1) ☐ 2 yrs. (2) ☐ 2-5 yrs. (3) ☐ More than 5 yrs.

If you answered yes to the above question please give the name of the course and date the course was completed.

Name of Course Date of Completion

FOR INSTRUCTOR USE ONLY: SIGN IN SPACE BELOW AND RETURN TO ONE OF THE PROGRAM VENDORS

George Withell	**Eastern Suffolk BOCES**	**Interstate Educational Systems**
(716)439-4162	(631) 472-6480	(315)483-9031
geonpruwithell@aol.com	bwisnisk@esboces.org	christinemichel@juno.com
$5 Per Student	$5 Per Student	$5 Per Student

MUST BE SIGNED BY A NYDMV & NYSED APPROVED INSTRUCTOR

Instructor Signature Date NYSED Course Approval # from NPO