Sponsoring Agency NEW YORK STATE EDUCATION DEPARTMENT Agency 0 5

Name

(Last, First, M.I.)

Address

(Street or Box Number) (Date of Birth)

N Y

(City or Town) (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) 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