

**Driver Manual Course  
8 HOUR CLASSROOM CURRICULUM  
VENDOR APPLICATION**

**Purpose:** Use this form to apply for DMV approval to offer a Driver's Manual Course.

**Instructions:** Return completed form to the at the above address, Room 519.

APPLICATION INFORMATION	
CURRICULUM/COURSE NAME	

APPLICANT INFORMATION	
APPLICANT NAME (Print) (last, first, mi, suffix)	TITLE

REPRESENTATIVE INFORMATION (authorized to act on behalf of owner)		
REPRESENTATIVE FULL LEGAL NAME (last, first, mi, suffix)	TITLE	TELEPHONE NUMBER
MANAGER/ADDITIONAL REPRESENTATIVE FULL LEGAL NAME (last, first, mi, suffix)	TITLE	TELEPHONE NUMBER

CONTACT INFORMATION	
CONTACT PERSON FULL LEGAL NAME (If different from applicant/representative) (last, first, mi, suffix)	TELEPHONE NUMBER
EMAIL ADDRESS (if applicable)	FAX NUMBER

BUSINESS OPERATIONS INFORMATION			
NAME OF DRIVER TRAINING SCHOOL		DRIVER TRAINING SCHOOL CODE <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER (if applicable)	OFFICE HOURS AM PM	EMAIL ADDRESS (if applicable)
FEDERAL IDENTIFICATION NUMBER/CUSTOMER NUMBER	BUSINESS LICENSE NUMBER	WEBSITE ADDRESS (if applicable)	

CERTIFICATION		
<p>I hereby make application for approval of a driver's manual course curriculum. I understand that, if approved, I am subject to current statutes and regulations pertaining to a driver training school. By signing this document, I certify that I am a vendor or designated representative of a vendor and that I am authorized to enter into binding agreements. I understand that this application shall become valid upon signing. Either party may terminate this agreement by giving written notice within 30 working days. I understand that submitting false or inaccurate information pursuant to this application may result in suspension, cancellation or revocation of the vendor agreement.</p> <p>I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.</p>		
APPLICANT NAME (print)	APPLICANT SIGNATURE	DATE (mm/dd/yyyy)

DMV USE ONLY	
CLERK STAMP	APPLICATION APPROVED DATE (mm/dd/yyyy)
	APPLICATION DENIED DATE (mm/dd/yyyy)