

THIRD-PARTY DRIVER IMPROVEMENT SCHOOL APPLICATION

	☐ Public Held Entity	□ Pr	rivate Held Entity		
COMPANY INFOR	MATION				
Name:			Phone No. ()	
E-mail address:			Fax No. ()_		
Address: P.O. Box num	ber may be used in addition	n to the actual addres	ss, but cannot be used	as the only	address
	STREET	CITY		STATE	ZIP COI
Description of Business	s:				
Federal ID #:					
Number of Years In Op	eration in PA:				
Contact Person:			Phone No. ()	
TESTING INFORM	ATION				
Actual Examination					
Site Address:	STREET	CITY		STATE	ZIP COD
Examination Site Phon	e Number: ()				
CURRICULUM US	AGE				
Please indicate which	curriculum you will be using	:			
☐ I will be using the Dep	partment's official curriculum				
☐ I will be using my own	n curriculum				
	using my own curriculum":				
□ Yes					
□ No					

D	EMPLOYER EXAMINER INFORMATION			
	Number of Employed Driver Improvement School Instructors:			
	Instructor's Information: (List Name, Residential Address, License No.)			
E	COMPANY OFFICIAL SIGNATURE BLOCK			
	Name of Company:	Phone No. ()	
	SIGNATURE OF COMPANY OFFICIAL	TITLE		DATE

APPLICATION INSTRUCTIONS

- 1. ENTIRE APPLICATION MUST BE COMPLETED.
- 2. If your company is proposing more than one test site, an application must be completed for each site.
- 3. An official of the company must sign this application.
- 4. If you need additional room to complete information, attach a separate sheet, listing your company name and the section you are continuing.