



APPLICATION FOR DRIVER EDUCATION PROGRAM APPROVAL

Name of School		County	Tax Identification Number	
Street Address of School		City	State	Zip Code
Mailing Address (if different)		City	State	Zip Code
Business Phone Number	Business Fax Number	Email Address (required)		Public School Program <input type="checkbox"/> Private School Program <input type="checkbox"/>

All Classes of Motor Vehicle Training Provided: **(CHECK ALL THAT APPLY)**

Class D	Class A	Class B	Class C	Motorcycle	Motorized Bicycle
Classroom <input type="checkbox"/>	Classroom <input type="checkbox"/>	Classroom <input type="checkbox"/>	Classroom <input type="checkbox"/>	Classroom <input type="checkbox"/>	Classroom <input type="checkbox"/>
Simulation <input type="checkbox"/>	Laboratory <input type="checkbox"/>	Laboratory <input type="checkbox"/>	Laboratory <input type="checkbox"/>	Laboratory <input type="checkbox"/>	
Range <input type="checkbox"/>					
On-Street <input type="checkbox"/>					

Attach an outline of the classroom and/or behind the wheel curriculum if this application is for a **new** driver education program.

List All Instruction Locations	Address (Street, City, State, Zip code)	Business Phone

Driver Education Instructors *(attach additional sheet if necessary)*

Name(s) of Classroom Instructor(s)	Name(s) of Laboratory Instructor(s)	Driver's License Number(s) <i>(Out of state residents must provide certified driving record)</i>	Minnesota Teaching License Folder Number(s)

List Maximum Fees and Charges *(required Minnesota Rules Part 7411.0210)*

	Classroom Fee	Behind the Wheel Fee	Other
Under 18 Years Old			
Adult			
Other			

PLEASE NOTIFY THIS OFFICE, IN WRITING, OF ANY CHANGE OF SIGNER AND ANY DELETIONS AND/OR ADDITIONS OF INSTRUCTORS AS THEY OCCUR.

Signature of person authorized to sign certificates of enrollment and completion (only **one** signature may be filed).

Authorized Signature	Full Printed or Typed Name
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Signature of School Principal or Superintendent _____ Date _____

Return completed application to Driver and Vehicle Services:

Driver & Vehicle Services
Office of Driver Education
445 Minnesota Street, Suite 176
St. Paul, MN 55101-5176
Fax (651) 296-5316