



**APPLICATION FOR DRIVER EDUCATION PROGRAM APPROVAL**

<b>Name of School</b>		<b>Business Phone</b>		<b>County</b>	
<b>Street Address of School</b>			<b>City</b>		<b>State</b>
<b>Mailing Address (if different)</b>			<b>City</b>		<b>State</b>
<b>Fax Number</b>		<b>Email Address (required)</b>			
<b>Zip Code</b>					

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

<b>Class D</b>	<b>Class A</b>	<b>Class B</b>	<b>Class C</b>	<b>Motorcycle</b>	<b>Motorized Bicycle</b>
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).

<p><b>Authorized Signature</b></p>	<p><b>Full Printed or Typed Name</b></p>
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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