

## Driver Improvement CURRICULUM VENDOR APPLICATION

**Purpose:** Use this form to apply for DMV approval to offer driver improvement courses.

**Instructions:** Return completed form to the Commercial Licensing Work Center at the above address.

### APPLICATION INFORMATION

TYPE OF APPLICATION (check one)	
<input type="checkbox"/> Original (first-time application)	<input type="checkbox"/> Renewal (Renewing vendors must attach copies of any updates to previously approved course materials)
TYPE OF INSTRUCTION	CURRICULUM/COURSE NAME
<input type="checkbox"/> Classroom <input type="checkbox"/> Computer-based	
COURSE WEB LINK	Do you wish to market your curriculum for use by Virginia licensed driver improvement clinics? <input type="checkbox"/> YES <input type="checkbox"/> NO

### APPLICANT INFORMATION

APPLICANT NAME (Print) (last)	(first)	(mi)	(suffix)	TITLE
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### 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 (if applicable)		

### BUSINESS OPERATIONS INFORMATION

VENDOR FULL BUSINESS NAME			
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 (FIN)/CUSTOMER NUMBER	BUSINESS LICENSE NUMBER	WEBSITE ADDRESS (if applicable)	

### CERTIFICATION

I hereby make application for approval of a driver improvement curriculum. I understand that, if approved, I am subject to current statutes and or regulations pertaining to the curriculum vendor. 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 agree to abide by the terms and conditions specified in the statutes and or regulations and I understand that this application shall become valid on the effective date and shall cease on the expiration date as indicated below. 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.

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.

APPLICANT NAME (print)	APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
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### DMV USE ONLY

CSR STAMP	APPLICATION APPROVED DATE (mm/dd/yyyy)	AGREEMENT EFFECTIVE DATE (mm/dd/yyyy)
	APPLICATION DENIED DATE (mm/dd/yyyy)	AGREEMENT EXPIRATION DATE (mm/dd/yyyy)