

Michigan Department of State  
 Driver Programs Division  
 Driver Education Section  
 Lansing, MI 48918  
 Phone: (517) 241-6850

# PROGRAM REQUEST

Year
Program Number

*Instructions: Complete the form and submit it to Driver Programs Division at least TEN days before the scheduled start of the program.*

Name of Provider				Driver Education Code			
Address			City		State	Zip Code	Phone

I am requesting to start a (check one) Segment 1  Segment 2  Truck  driver training program on \_\_\_\_\_ (Month/Day/Year), at the following location:

Building Name \_\_\_\_\_ Street Address \_\_\_\_\_, City \_\_\_\_\_.

The classroom portion of the program will be held on the dates indicated below from (circle one AM or PM) \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM.

Week 1			Week 2			Week 3			Week 4			Week 5			Week 6		
Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year

The behind the wheel portion of the program will begin and end during the weeks circled below.

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
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The instructors listed below will be responsible for conducting this program:

**CLASSROOM PORTION**

**BEHIND THE WHEEL PORTION**

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_

If there is a change in the instructors responsible for conducting any part of the program, please submit a corrected Program Request form.

**CERTIFICATION:** I certify that the information submitted on this request is true and correct and that the program described will be provided in accordance with the Driver Education Provider and Instructor Act (2006 PA 384).

\_\_\_\_\_  
 Signature of Owner/Designated Representative/Coordinator

\_\_\_\_\_  
 Date