

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		Provider Number P 0 0 0		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															

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