

Michigan Department of State  
Licensing Unit  
Lansing, MI 48918

## Multiple Vehicle Driving Facility (Range) Original Application for Teen Driver Education Program

Provider Name	Certification Number (if known)	Office Phone Number  (     )
Street Address	City, State, Zip	
Address of range site (building name, city, state, zip, and proximity of range to building)		

### REQUIRED FOR APPROVAL

1. Completed "Multiple Vehicle Driving Facility (Range) Original Application for Teen Driver Education Program."
2. The \$125.00 original application fee. Checks and money orders should be made payable to the **State of Michigan**. All providers must pay this fee, including educational institutions and governmental agencies.
3. Detailed diagram (drawn to scale) of range, including obstacles. Use the enclosed grid sheet.
4. Photos of the range.
5. Lesson plans for instruction. Lesson plans must include:
  - a. Detailed outline of each lesson, including time spent, and
  - b. Specific behind-the-wheel performance objectives being covered.

Guidelines for an acceptable range facility and a sample *lesson plan*, which includes the specific performance objectives that could be the basis for the content of each session, are available in the following ways:

1. Visit the Department of State Web site at [www.Michigan.gov/sos](http://www.Michigan.gov/sos), click on the left tool bar heading entitled "Driver License and State ID," then on "Driver Education."
2. Send an e-mail request to [DriverEd@Michigan.gov](mailto:DriverEd@Michigan.gov).
3. Request a copy by calling (517) 241-6850.
4. Send a request by mail to the Michigan Department of State, Licensing Unit, Lansing, MI 48918.

CERTIFICATION: I certify that the information provided on this application and the enclosed supplemental forms is true and accurate to the best of my knowledge. I understand that this range site may be approved based on this application and that an inspection by Department of State staff may be required to verify that the range meets the standards set forth by the Department of State.

\_\_\_\_\_  
Authorized Provider Representative (Print or Type)

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date