

Sponsor Number	Date
Date Received	

# ORIGINAL APPLICATION FOR BASIC DRIVER IMPROVEMENT COURSE SPONSOR

Original     Revised Business Information     New Designated Representative or Owner

## 1. SPONSOR INFORMATION

Sponsor Name (Include any assumed names or corporation names)

Mailing Address		City, State, ZIP	
Office Days / Hours	Office Phone	County	Email Address

## 2. BUSINESS TYPE (If applicable, submit copies of business documents – assumed name filing, partnership agreement, Articles of Incorporation, or Articles of Organization, etc.)

Sole Proprietor     Partnership     LLC     Corporation     Governmental Agency

## 3. PROGRAM INFORMATION Indicate the type of course offered:

Basic Driver Improvement Course (Classroom course)  
 Basic Driver Improvement Course (Online course)      Website address: \_\_\_\_\_

## 4. TRAINING AGENCY INFORMATION Indicate the type of course offered:

I certify that this sponsor is authorized by the National Safety Council to offer their Defensive Driving Course.  
 Other \_\_\_\_\_  
Attach course curriculum and documented evidence of course effectiveness pursuant to MCL 257.3a and MCL 257.320d.

## 5. CLASSROOM LOCATIONS If applicable, list all classroom locations, including address, room/suite #, city, zip code (Attach a separate sheet if necessary) For each classroom location submit a letter of authority or contract with classroom owner allowing classes to be held at this location:

## 6. DESIGNATED REPRESENTATIVE (First Person of Contact)

Full Name	Title
Email Address	Phone

## 7. PERSON COMPLETING THIS APPLICATION

Full Name	Title	Phone
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## 8. OWNER SIGNATURE (The owner agrees to the terms below)

Governmental Agencies: Authorized official must sign

**Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the approval issued.**

- I certify that the business named in this application maintains and will maintain records as required by law once approval is issued.
- I certify that the Basic Driver Improvement Course offered satisfies the requirements as stated in 2012 PA 498.
- I certify that the statements contained in this application are true to the best of my knowledge and belief.

Printed Name	Signature	Date
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**Mail application and supporting documentation to:**

Michigan Department of State, Driver Programs Division, Lansing, MI 48918