



CLASSROOM REQUEST

PART A – PROVIDER INFORMATION			Approved Classification(s): <input type="checkbox"/> Teen Driver Training <input type="checkbox"/> Adult Driver Training <input type="checkbox"/> Truck Driver Training		
Name of Provider				Provider Certificate Number	
PART B – CLASSROOM: LOCATED IN A NON-EDUCATIONAL INSTITUTION					
Building Name (if applicable)			Classroom Address (if applicable, include suite #, etc.)		
City		Zip Code		County	
1B – CERTIFICATION					
The above classroom is:		<input type="checkbox"/> approved for the following number of students: _____ <input type="checkbox"/> NOT approved. <input type="checkbox"/> a residential address.		Date Approved: ____/____/____	
<ul style="list-style-type: none"> ▪ I hereby certify that the classroom address listed above has been inspected and meets the state and local building code in addition to public occupancy requirements for the purpose of conducting a driver education course for the above stated approved number of students. 					
Printed Name: Fire Marshal		Name of Fire Department		Phone Number	
Signature: Fire Marshal				Date Signed	
PART C – CLASSROOM: LOCATED IN AN EDUCATIONAL INSTITUTION					
Name of Educational Institution (i.e. School District)			Building Name (i.e. High School)		
Classroom Address and Room No.		City and Zip Code		County	
1C – CERTIFICATION					
The above classroom is:		<input type="checkbox"/> approved for the following number of students: _____ <input type="checkbox"/> NOT approved.		Date Approved: ____/____/____	
<ul style="list-style-type: none"> ▪ We, (the Educational Institution) hereby certify that the classroom address listed above has been inspected and meets the state and local building code in addition to public occupancy requirements for the purpose of conducting a driver education course for the above stated approved number of students. ▪ We, (the Educational Institution) hereby certify that we have entered into an agreement with the Provider stated in PART A to utilize a classroom at the location listed in PART C. 					
Printed Name: Educational Institution's Authorized Official		Title		Phone Number	
Signature: Educational Institution's Authorized Official				Date Signed	
PART D – PROVIDER CERTIFICATION					
<ul style="list-style-type: none"> ▪ I hereby certify that the statements and information contained within this document are true to the best of my professional knowledge and belief. ▪ I hereby certify that the classroom address listed will be used for the purpose of conducting a driver education course that will not exceed 36 students or the number of students approved by the fire marshal as stated above, whichever is less. 					
Printed Name: Provider's Authorized Official				Title	
Signature: Provider's Authorized Official				Date Signed	
ADDITIONAL REQUIRED DOCUMENT TO SUBMIT					
<ul style="list-style-type: none"> ▪ Six Behind-the-Wheel Route Outlines (form available online) 					