



# CLASSROOM REQUEST

| <b>PART A – PROVIDER INFORMATION</b>  |                             |
|---|-----------------------------|
| 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 |

| <b>PART B – CLASSROOM: LOCATED IN A NON-EDUCATIONAL INSTITUTION</b> |  |        |
|---|--|--------|
| Building Name (If applicable)                                       | Classroom Address (If applicable, include suite #, etc.) |        |
| City  | Zip Code   | County |

| <b>1B – CERTIFICATION</b> |   |                               |
|---------------------------|---|-------------------------------|
| The above classroom is:   | <input type="checkbox"/> approved for the following number of students: _____<br><input type="checkbox"/> <b>NOT</b> approved.<br><input type="checkbox"/> a residential address. | Date Approved: ____/____/____ |

▪ 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 or Authorized Representative | Name of Fire Department or Authorizing Agency | Phone Number |
| Signature: Fire Marshal or Authorized Representative    | Date Signed                                   |              |

| <b>PART C – CLASSROOM: LOCATED IN AN EDUCATIONAL INSTITUTION</b> |                                  |        |
|--|----------------------------------|--------|
| Name of Educational Institution (i.e. School District)           | Building Name (i.e. High School) |        |
| Classroom Address and Room No.                                   | City and Zip Code                | County |

| <b>1C – CERTIFICATION</b> |  |                               |
|---------------------------|--|-------------------------------|
| The above classroom is:   | <input type="checkbox"/> approved for the following number of students: _____<br><input type="checkbox"/> <b>NOT</b> approved. | Date Approved: ____/____/____ |

▪ 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 |              |

| <b>PART D – PROVIDER CERTIFICATION</b>   |             |
|--|-------------|
| <p>▪ 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.</p> |             |
| Printed Name: Provider's Authorized Official   | Title       |
| Signature: Provider's Authorized Official  | Date Signed |

| <b>ADDITIONAL REQUIRED DOCUMENT TO SUBMIT – TEEN PROVIDERS ONLY</b>  |
|--|
| <p>▪ To verify route duration and compliance with training standards, providers must include these additional documents to have the classroom request reviewed:</p> <ul style="list-style-type: none"> <li>✓ Behind-the-Wheel Route Outline for all six drives (template available on the department's website).</li> <li>✓ Route map for each drive – shows the provider has mapped the route and clearly shows the full driving path and major turns/intersections with the estimated drive time for each drive (should be around 60 minutes as practicable, without exceeding 60 minutes).</li> </ul> |