

MICHIGAN DEPARTMENT OF STATE
 DPD - Driver Education Section
 Lansing, MI 48918
 Phone (517) 241-6850

Calendar Year Driver Education Provider Year-end Report

Legal Name of Provider	Provider Certificate Number	Phone Number	Fax Number
Address	City		Zip Code
Segment 1 Allotment: Segment 2 Allotment:	Owner/Coordinator/Designated Representative		
E-mail Address	Website (optional)		

INSTRUCTIONS: Answer the questions relating to the type of instruction you offer and sign the Certification (item 6) at the end of the report. An “adult student” is someone age 18 or older.

Return this report to the above address by **January 31.**

1.
 - a. Number of students successfully completing Segment 1 during the calendar year to whom certificates of completion were issued. _____
 - b. Number of students attending Segment 1 during the calendar year but were NOT issued certificates of completion because of failure to meet minimum course requirements. _____
 - c. Number of adult students who attended Segment 1 _____

2.
 - a. Number of students successfully completing Segment 2 during the calendar year to whom certificates of completion were issued. _____
 - b. Number of students attending Segment 2 during the calendar year but were NOT issued certificates of completion because of failure to meet minimum course requirements. _____
 - c. Number of adult students who attended Segment 2. _____

3.
 - a. Number of adult (auto) students your school provided instruction to during the year. _____
[See memo (under 1. b.) for clarification of adult students counted here]
 - b. Number of adult (truck) students your school provided instruction to during the year. _____

4. **Per pupil** tuition charged: Segment 1 - \$ _____ Segment 2 - \$ _____
 Combined tuition for both segments (if one fee is charged) - \$ _____
[If you do not offer a single price (contract) for both segments, leave blank]
 Adult (Auto) - \$ _____ (per hour) Truck - \$ _____
Adult (auto) student count should include adult students who took Segment 1 and Segment 2.

If you operate multiple sites with varying tuitions, please list the tuition amounts charged on a separate sheet (site, fee). If your tuition is based on a per-hour basis or package (i.e., adult or truck driver training), please explain below.

5. **REPORT CHECKLIST.** Please be sure to submit the following documents as applicable:

- Year-end report.
- List of classroom locations.
- List of instructors.
- List of users with knowledge test access (teen programs).
- DES-103 Replacement Certificate log (teen programs).* Emailed? Yes No
- List of approved ranges (teen programs, if applicable).
- Sample copies of student contract(s).

See the enclosed memorandum for details on the above documents required to be submitted. **Complete and return ALL documents (signed where applicable) even if there are no changes or if no instruction was provided.**

* The DES-103 only needs to be submitted if replacement certificates were issued.

6. **CERTIFICATION:** I certify that the information submitted on this report is true and accurate to the best of my knowledge. Information presented in this report is obtained from records on file and will be maintained at the provider's business office for audit purposes.

SIGNATURE OF PERSON COMPLETING FORM

NAME PRINTED

POSITION (owner/partner/designated representative)

DATE