

Sponsor number	Date
Date received	

ORIGINAL APPLICATION FOR BASIC DRIVER IMPROVEMENT COURSE SPONSOR

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

Employer Identification Number (EIN):	Articles of Incorporation ID Number:
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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 List all classroom locations (including address, room/suite #, city, ZIP code) on a separate sheet and attach with this form. 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	Email	Phone
Title		
Full Name	Email	Phone
Title		

7. Owner signature (must have 20-percent or greater share)

Printed Name	Title	Signature	Date
Printed Name	Title	Signature	Date
Printed Name	Title	Signature	Date
Printed Name	Title	Signature	Date
Printed Name	Title	Signature	Date

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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