

Driver Improvement CURRICULUM VENDOR APPLICATION

Purpose:

Use this form to apply for DMV approval to offer driver improvement courses. Return completed form to the Commercial Licensing Work Center at the above address. Instructions:

APPLICATION INFORMATION								
TYPE OF APPLICATION (check one)								
Original (first-time application) Renewal (Renewing vendors must attach copies of any updates to previously approved course materials)								
TYPE OF INSTRUCTION Classroom Computer-based	CURRICULUM/CO	OURSE NAME						
COURSE WEB LINK				Do you wish to market your curriculum for use by Virginia licensed driver improvement clinics? YES NO				
APPLICANT INFORMATION								
APPLICANT NAME (Print) (last)	(first)	(mi)						
REPRESENTATIVE INFORMATION (authorized to act on behalf of owner)								
REPRESENTATIVE FULL LEGAL NAME (las		•		mi) (suffix)			TELEPHONE NUMBER ()	
MANAGER/ADDITIONAL REPRESENTATIVE	FULL LEGAL NAM	E (last) (first)	(mi) (suffix)	TITLE		TELEPHONE NUMBER	
CONTACT INFORMATION								
CONTACT PERSON FULL LEGAL NAME (If different from applicant/representative (last) (first) (mi) (suffix) TELEPHONE NUMBER								
						()	
EMAIL ADDRESS (if applicable)						FAX NUMBER (if applicable)		
BUSINESS OPERATIONS INFORMATION								
VENDOR FULL BUSINESS NAME								
BUSINESS ADDRESS CIT				STAT		STATE	ZIP CODE	
MAILING ADDRESS (if different from above)						STATE	ZIP CODE	
TELEPHONE NUMBER FAX NUMBE	R (if applicable)	if applicable) OFFICE HOURS			EMAIL ADDRESS (if applicable)			
FEDERAL IDENTIFICATION NUMBER (FIN)	CUSTOMER NUMBE	AM PM			R WEBSITE ADDRESS (if applicable)			
Book Loc Hollide					(
CERTIFICATION								
I hereby make application for approval of a driver improvement curriculum. I understand that, if approved, I am subject to current statutes and or regulations pertaining to the curriculum vendor. By signing this document, I certify that I am a vendor or designated representative of a vendor and that I am authorized to enter into binding agreements. I agree to abide by the terms and conditions specified in the statutes and or regulations and I understand that this application shall become valid on the effective date and shall cease on the expiration date as indicated below. Either party may terminate this agreement by giving written notice within 30 working days. I understand that submitting false or inaccurate information pursuant to this application may result in suspension, cancellation or revocation of the vendor agreement. I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are								
genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.								
APPLICANT NAME (print) APPLICANT S							DATE (mm/dd/yyyy)	
DMV USE ONLY								
CLERK STAMP	APPLICATION AF	PPROVED DATE (mm/c		AGREEMEN	T EFFECTIVE DA	TE (mm/dd/yyy	y)	
	APPLICATION DENIED DATE (mm/dd/yyyy)			AGREEMENT EXPIRATION DATE (mm/dd/yyyy)				