

APPLICATION FOR DRIVER EDUCATION PROGRAM
 SECONDARY/VOCATIONAL/PRIVATE
 R-318 REV. 10-2005

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
 DRIVER EDUCATION UNIT
 60 STATE STREET, WETHERSFIELD, CT 06161
 On The Web At ct.gov/dmv

DMV USE ONLY	
SCHOOL CERTIFICATE NUMBER	<input type="checkbox"/> APPROVED
DATE APPLICATION RECEIVED	<input type="checkbox"/> DENIED

**READ REVERSE BEFORE
 COMPLETING BELOW**

1. SCHOOL INFORMATION	NAME OF SCHOOL			DATE FORM COMPLETED		
	ADDRESS OF SCHOOL (No. and Street) (City or Town) (State) (Zip Code)					
	PREVIOUS DRIVER'S EDUCATION CERTIFICATE NUMBER (If Any)			ANTICIPATED ENROLLMENT		
	COMPLETED BY: (Name and Title)			WORK TELEPHONE NO.		BEST TIME TO CONTACT
	SCHOOL YEAR STARTED 09/01/ -08/31/		DRIVER EDUCATION PROGRAM STATUS (Check One) <input type="checkbox"/> PART OF SCHOOL'S CURRICULUM <input type="checkbox"/> PERFORMED BY COMMERCIAL SCHOOL <input type="checkbox"/> NONE OFFERED			
2. DRIVER EDUCATION CONTACT PERSON(S)	NAME OF PERSON IN CHARGE OF PROGRAM (If Part of School's Curriculum)			WORK TELEPHONE NO.		BEST TIME TO CONTACT
	LIAISON AT SECONDARY SCHOOL (If Program Performed by Commercial School)			WORK TELEPHONE NO.		BEST TIME TO CONTACT
3. DRIVER EDUCATION FEES	FEES COLLECTED FOR DRIVER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, ARE FEES DEPOSITED IN SCHOOL ACTIVITY FUND PER SECTION 10-237, CONNECTICUT GENERAL STATUTES? <input type="checkbox"/> YES <input type="checkbox"/> NO - Please Explain:			
	IF FEES PAID TO COMMERCIAL DRIVING SCHOOL, NAME AND ADDRESS OF SCHOOL					DRIVING SCHOOL'S LICENSE NUMBER
	CLASSROOM (CR) COST PER STUDENT \$		BEHIND THE WHEEL (BTW) COST PER STUDENT \$		EIGHT HOUR DRUG ALCOHOL COST STUDENT (If offered separately) \$	
	FEE FOR USE OF SCHOOL DRIVER EDUCATION VEHICLE FOR BEHIND THE WHEEL EXAM \$			LIST ANY ADDITIONAL FEES CHARGED (If none, please indicate)		
4. SCHEDULE	START DATE	END DATE	CLASS MEETS (Days of Week Scheduled)	(Times Scheduled)	(Room Number)	
	NOTE: If classroom address is different from above address, give address of classroom. During school year, if driver education is offered more than one semester, attach schedule for each semester. Please inform DMV, Driver Education Unit of any changes prior to new semester.					
5. TEXTBOOKS	NAME OF TEXTBOOK USED		PUBLISHER OF TEXTBOOK		TEXTBOOK EDITION	YEAR PUBLISHED
6. PROGRAM OFFERINGS	30-HOUR CLASSROOM (CR) INSTRUCTION <input type="checkbox"/> YES <input type="checkbox"/> NO		BEHIND-THE-WHEEL (BTW) INSTRUCTION <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF HOURS OF BTW INSTRUCTION INCLUDED IN DRIVER EDUCATION PROGRAM	
	EIGHT HOUR DRUG AND ALCOHOL (Offered separately) <input type="checkbox"/> YES <input type="checkbox"/> NO		IS DRIVING SIMULATOR USED? <input type="checkbox"/> YES <input type="checkbox"/> NO		SIMULATOR INSTRUCTION (Hours per student)	
7. INSURANCE INFORMATION	INSURANCE COMPANY NAME AND ADDRESS					
	INSURANCE POLICY NUMBER (Note if blanket or CIRMA)			COVERAGE-BODILY INJURY		COVERAGE-PROPERTY DAMAGE
8. VEHICLE INFORMATION	NO. OF VEHICLES		LIST ALL REGISTRATION PLATE NUMBERS			
	STATUS OF VEHICLES <input type="checkbox"/> SCHOOL OWNED <input type="checkbox"/> FREE LOAN <input type="checkbox"/> RENTED/LEASE			IF FREE LOAN OR RENTED/LEASED, DOES OWNER KNOW THAT VEHICLES ARE USED FOR DRIVER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	IF NOT SCHOOL OWNED, NAME AND ADDRESS OF OWNER					OWNER'S TELEPHONE NO.
9. INSTRUCTOR(S) If More Than Four(4), List Others on Separate Sheet and Specify Total Number Below: []	NAME (Last, First, MI)		DOB	TEACHING CR OR BTW?	CT DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.
	NAME (Last, First, MI)		DOB	TEACHING CR OR BTW?	CT DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.
	NAME (Last, First, MI)		DOB	TEACHING CR OR BTW?	CT DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.
	NAME (Last, First, MI)		DOB	TEACHING CR OR BTW?	CT DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.
10. APPLICATION CERTIFICATION BY SCHOOL	I hereby certify, under penalty of false statement, that all information provided above is true and accurate to the best of my knowledge and belief. If a driver education program is instituted, it will meet all statutory and regulatory requirements of Connecticut. An additional application will be filed if any changes are made to the above listed information during the school year.					
	SIGNATURE OF SCHOOL OFFICIAL X			OFFICIAL TITLE		DATE SIGNED

PLEASE READ THE INSTRUCTIONS BELOW CAREFULLY - This form must be completed and submitted to DMV before a driver education course is started. Please type or print clearly and return to: Department of Motor Vehicles, Driver Education Unit, 60 State Street, Wethersfield, CT 06161. A copy of your approved application will be mailed to you.

1. If driver education is part of your school's curriculum, complete sections 1 - 10. If driver education is done by a commercial driving school at your school, complete sections 1 - 6 and section 10. If no driver education program is performed at your school (**NONE OFFERED**), only complete information in section 1 and section 10, note that the program will not be offered and return this form to the Driver Education Unit (See section 11, below).

NOTE: TO SUPERINTENDENT OF SCHOOLS, DIRECTOR OF VOCATIONAL/TECHNICAL SCHOOLS, PRINCIPAL, HEADMASTER, OR SCHOOL OFFICIAL - If the driver education program in your school is taught by a commercial driving school and is NOT part of your curriculum, it is still necessary to complete sections 1 - 6 of this form and sign in section 10. This information is needed for our files. Feel free to contact the commercial driving school that does your program for assistance in completing this form. The reason the secondary school must complete and sign this form is:

1. To ensure the secondary school is aware of the entire program including fees charged to students as well as driver education schedules.
 2. To ensure that the commercial driving school program offered to your students will meet all statutory and regulatory requirements to assure your students of a quality driver education program.
 3. To ensure that any changes to schedules, or any changes to information on this form are reported to the Department of Motor Vehicles.
 4. **Your signature in section 10 represents your acceptance of the commercial driving school to operate in your school. REFUSAL TO COMPLETE AND SIGN THIS FORM WILL RESULT IN DENIAL OF YOUR DRIVER EDUCATION PROGRAM.**
2. The classroom (**CR**) phase of the driver education program must be taught by a teacher holding a teaching certificate valid for grade seven or above and endorsed for teaching driver education, along with authority to do so issued by the Commissioner of Motor Vehicles or be taught under an agreement/contract with a commercial driver school licensed under CGS Sec. 14-69.
 3. The behind-the-wheel (**BTW**) phase of the driver education program shall be taught by a teacher holding a teaching certificate valid for grade seven or above and endorsed for teaching driver education along with a driver education certificate issued by the Department of Motor Vehicles or taught under an agreement/contract with a commercial driving school licensed under CGS Sec. 14-69.
 4. The driver education program must consist of a minimum of thirty (30) hours of classroom instruction per student, and where provided, the behind-the-wheel phase must consist of a minimum of eight (8) hours per student. A student must complete at least 20 hours of behind-the-wheel, on the road instruction in order to be eligible to obtain their driver's license. This training can be obtained through commercial driving schools, public or private secondary schools, vocational schools, or home training, or by any combination of such types of training.
 5. Adequate staffing, space, and required educational materials must be provided and, where behind-the-wheel (**BTW**) instruction is provided, there must be an adequate number of dual-controlled vehicles to accommodate all students electing to take said program.
 6. Class sizes should be in accordance with school's procedures for scheduling other academic courses. If different or unique methods of instruction are to be conducted, such deviation from standard procedure must be approved in advance with the Commissioner of Motor Vehicles. The maximum size of a driver education class is limited to forty (40) students.
 7. All other requirements for driver education programs, as indicated in regulations of state agencies and state statutes, must be adhered to in the driver education program.
 8. All vehicles must be inspected and approved by the Department of Motor Vehicles before being used to teach driver education, and these vehicles must be inspected annually thereafter.
 9. If summer schedule is offered, please attach a separate sheet that states: start date, end date, days of week, daily times class meets. If summer contact person is different from person specified in section 2, specify contact person & phone number. Tentative schedules are accepted. Changes must be brought to the attention of the Driver Education Unit before summer program begins.
 10. An additional application must be filed if any additional changes are made to the above listed information during the school year. NOTE: A copy will be returned to you only if denied. Reason for denial will be indicated below.
 11. A licensee shall notify the Commissioner within five (5) days, in writing, if there is a discontinuance of the driver education program. The license certificate(s) and CS1-A's shall be returned to the Commissioner. No driving instruction or related activities shall thereafter be conducted at such location by the original licensee.

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	SIGNATURE (DMV Official) X	DATE SIGNED
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IF DENIAL, INDICATE REASONS BELOW

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