STUDENT REGISTRATION FORM

EMPIRE SAFETY COUNCIL - 6 HR. POINT & INSURANCE REDUCTION COURSE

Please DO NOT fill this form in pencil.

Please print clearly the following information as it appears on your Drivers License.

Last Name Check Sex M F

First Name M.I.

Current Mailing Address (Street or Box Number) (Regardless of what is on license) (Apartment No.)

City or Town

Month Date Year

State Zip Code Date of Birth (Not class date)

E-mail Address

Area Code Home Phone Area Code Business Phone

Is this a New York Driver's License: Yes: ☐ No: ☐

Motorist Identification Number (Driver's License Number)

Reason for taking the course (check one):

(1) ☐ Insurance Reduction (2) ☐ Point/Insurance Reduction (3) ☐ Point Reduction (4) ☐ Other

Have you taken a driver improvement course prior to this course? (Check one)

(0) ☐ No (2) ☐ Yes, from two to five years ago

(1) ☐ Yes, within the last two years (3) ☐ Yes, more than five years ago

☐ ALTERNATIVE MAILING - You must have instructor's permission to fill out this portion.

Please mail my Course Completion Certificate to my Delivery Agent _____

Student Signature

By signing and submitting this document, I attest that I attended the 6 hour APW and understand the penalty for filing a false document with a public agency is punishable by a Class E Felony and fine.

_____

Student signature or typed name

_____

Agent/Instructor Signature or typed name

DQY

Agency Code

Completion Date

_____