



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
Division of Motor Vehicles
 23 Hazen Drive, Concord, NH 03305
 (603) 227-4075

Robert L. Quinn
 Commissioner of Safety

John C. Marasco
 Director of Motor Vehicles

APPLICATION FOR DRIVER IMPROVEMENT PROGRAM
 (SAF-C 212.07)

Please type or print

NAME _____ D.O.B. ___/___/___ S.S.# ____-____-_____

ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____

SCHOOL NAME _____

ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____

1. Will you be presenting a course developed by your school? Yes _____ No _____
 (If "No", skip to #3)
2. Has this course been approved by the Department of Safety as outlined in Saf-C 212.07? Yes _____ No _____
3. Will you be presenting a course developed by some other organization as outlined in Saf-C 212.07? Yes _____ No _____
 (If "No", skip to #7)

4. Name of Course _____

5. Have you been certified by this organization to present the course? Yes _____ No _____

6. Date of Certification _____ Expiration Date _____

7. Provide the following information:
- Attach a complete description of the program as specified in Saf-C 212.07.
 - Attach a list of all instructors and include their date of birth, address, educational background and work experience.
 - Provide a complete description of the record system that the program will use to satisfy Saf-C 212.07 (b) (8) & (b) (9).
 - Attach a copy of the certificate to be issued to the students.
 - Attach copies of your certificate of present course.

I am familiar with the motor vehicle laws of the state of New Hampshire to the extent that I will be able to satisfactorily present this program, I am familiar with the rules and regulations of Saf-C 212.07 as it pertains to this course.

Signature _____ Date _____
 (Signed under penalty of unsworn falsification pursuant to RSA 641:3)