



**Location of Course**

Name of Facility			
Facility Address	City:	State:	Zip:

**Course Details**

Date (mm/dd/yyyy)	Day of Week	Start Time (00:00 am)	End Time (00:00 pm)	Number of Students
Instructor Name	Phone	email		
Instructor Address	City:	State:	Zip:	
Additional Contact Name	Phone	email		
Fee	Payment Method			
Additional Information (Notes to attendees, availability of food, how to dress, etc.)				

**School Conducting Course**

Name of School			
Address	City:	State:	Zip:

**Send Completed from by email using submit button**

**The DMV Education and Safety Unit must receive this completed form at least 20 days prior to the scheduled date of the VMAP course.**