

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation

120 State Street
Montpelier, Vermont 05603-0001
dmv.vermont.gov

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Location of Course:

Course Date:

DAY OF WEEK	DATE	START TIME:	END TIME:
	<small>Enter Date as 00/00/0000</small>		<small>Enter Time as 00:00</small>

Course Fee:

Number of Students:

CONTACT INFORMATION:

Instructor(s):

Phone # :

E-mail:

Additional Information:

SCHOOL CONDUCTING COURSE:

Name of School:

Street Address:

Town/City, State, Zip:

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

- Save the completed form to a file on your computer.
- Email saved form (as an attachment to your email) to the following:

Paul.Graves@state.vt.us