



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.