

DRIVER IMPROVEMENT ENROLLMENT INFORMATION

(Please Print)

Today's Date: _____

Class Date: _____

Name: _____

Mailing Address: _____

Phone Number: _____

Social Security Number: _____

DMV Customer Number: _____

Date of Birth: _____

Choose one of the following:

DMV Referred _____

Volunteer* _____

Court Referred** _____

Court Type: General _____ Circuit _____ Juvenile _____

Jurisdiction: _____

Next Court Date: _____

*Volunteer can only be marked if a person is doing driver improvement for insurance rate reduction or to receive safe driving points or demerit point reduction.

**Court referred participants cannot receive safe driving points.