

DRIVER IMPROVEMENT CLINIC LICENSE APPLICATION

Purpose: Use this form to apply for a driver improvement clinic license.

Instructions: Use ink or type to complete this form.

APPLICATION INFORMATION

TYPE OF APPLICATION (check one)		FEE
<input type="checkbox"/> Original (first-time application)	<input type="checkbox"/> Renewal	<input type="checkbox"/> \$100 - One Year License
Clinic will provide in-person instruction for: (specify)		
Passenger Drivers:	<input type="checkbox"/> DMV-directed, court-directed, voluntary students	<input type="checkbox"/> Company employees — to provide training/awareness
Commercial Drivers:	<input type="checkbox"/> DMV-directed, court-directed, voluntary students	<input type="checkbox"/> Company employees — to provide training/awareness
Computer Base Drivers:	<input type="checkbox"/> DMV-directed, court-directed, voluntary students	<input type="checkbox"/> Company employees — to provide training/awareness
Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		

IDENTIFYING INFORMATION

CLINIC FULL NAME		TELEPHONE NUMBER ()	
WEBSITE ADDRESS		DO YOU WISH TO DISPLAY ON DMV WEBSITE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MAILING ADDRESS	CITY	STATE	ZIP CODE
BUSINESS ADDRESS (if different from above)	CITY	STATE	ZIP CODE
OWNER FULL NAME (last) (first) (mi) (suffix)	CUSTOMER NUMBER	HOME TELEPHONE NUMBER ()	
HOME ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS (if applicable)		FAX NUMBER (if applicable) ()	
MANAGER FULL NAME (last) (first) (mi) (suffix)	CUSTOMER NUMBER	TELEPHONE NUMBER ()	
EMAIL ADDRESS (if applicable)		FAX NUMBER (if applicable) ()	

BUSINESS INFORMATION

OFFICE HOURS <input type="checkbox"/> AM <input type="checkbox"/> PM	CLINIC OPERATION HOURS <input type="checkbox"/> AM <input type="checkbox"/> PM	DAYS OF THE WEEK	LOCALITY	NUMBER OF INSTRUCTORS
FEDERAL IDENTIFICATION NUMBER (FIN)/CUSTOMER NUMBER		BUSINESS LICENSE NUMBER (attach a copy for each site)		
GENERAL COURSE CURRICULUM (specify vendor, attach vendor agreement)			EXPIRATION DATE (mmd/dd/yyyy)	
COMMERCIAL COURSE CURRICULUM (specify vendor, attach vendor agreement)			EXPIRATION DATE (mmd/dd/yyyy)	

INSTRUCTOR INFORMATION

DMV USE ONLY

NAME (last) (first) (mi) (suffix)	DATE ADDED	DATE DELETED	FEE PAID

DMV USE ONLY

CLERK STAMP	VERIFICATION OF <input type="checkbox"/> FEE(S) <input type="checkbox"/> LOCAL BUSINESS LICENSE(S), ZONING <input type="checkbox"/> VENDOR AGREEMENT EXPIRATION DATE _____ <input type="checkbox"/> EXTRANET AGREEMENT (US 531E)	DECISION <input type="checkbox"/> APPROVED DATE _____	CLINIC CODE NUMBERS GENERAL CLINIC CODE
		<input type="checkbox"/> DENIED DATE _____	COMMERCIAL CLINIC CODE
			COMPUTER BASED CODE

CLINIC LOCATION(S)

Attach the following for each location: <ul style="list-style-type: none"> • Copy of contract or agreement with expiration date authorizing the use of the facility to conduct driver improvement clinic(s). • Business license • No cost for first classroom location. For each additional classroom location submit a \$25 annual fee. 			DMV USE ONLY				
NAME	AND	ADDRESS OF FACILITY	Clinic Code	No Fee	Fee Paid	Date Added	Date Deleted
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
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17.							
18.							
19.							
20.							
21.							

(Attach a separate sheet if additional space is needed.)

DRIVER IMPROVEMENT CLINIC REQUIREMENTS

The owner or designated representative of the driver improvement clinic, upon submission of this signed application, agrees to meet the following conditions and requirements. Submit the application along with the vendor agreement and instructor application(s). The instructor's license period will coincide with the expiration of the respective school license.

Business Office Requirements

1. Comply with all local business license and zoning regulations and with federal, state and local health, fire and building code requirements.
2. Maintain office space in the Commonwealth of Virginia devoted exclusively to the clinic business office and storage of all records required by DMV.
3. Post office hours of operation.
4. Maintain filing space and a working telephone listed in the name of the clinic.
5. Provide a desk, chairs, filing space, restroom facilities and a working telephone listed in the name of the clinic.
6. Maintain a record of each student attending instruction for the past three years.
7. Maintain records of clinics conducted for the past three years.
8. Pay application fee.
9. Post the sign displaying DMV's toll-free number must be posted in a conspicuous location inside the classroom during instructional periods.

Clinic Location Requirements

1. Each clinic locations must be approved prior to use.
2. Provide DMV with verification authorizing use of a facility to conduct classroom instruction throughout license tenure and maintain a copy of the verification in the clinic's business files.
3. Meet ADA requirements.
4. Pay fees for each clinic location.
5. Comply with all local business license and zoning regulations and comply with federal, state and local health, fire and building code requirements.
6. Maintain a space devoted exclusively to classroom instruction.
7. Display the DMV clinic license, clinic fees and hours of operation in a conspicuous location.
8. Verify each student's identification using a picture identification issued by a government agency.
9. Maintain clean, accessible restroom facilities.
10. Maintain adequate interior and exterior lighting and adequate parking facilities.
11. Provide a minimum of 10 square feet, a chair and work surfaces for each student. Make provisions for handicapped students.
12. Provide closed-captioned video instruction for the hearing impaired. The video must be provided by the curriculum vendor upon request.
13. The sign displaying DMV's toll-free number must be posted in a conspicuous location inside the classroom during instructional periods.

Computer-Based Requirements (If applicable)

1. Provide DMV with verification authorizing use of a facility to conduct classroom instruction throughout license tenure and maintain a copy of the verification in the clinic's business files.
2. Facility must meet ADA requirements.
3. Verify each student's identification using a picture identification issued by a government agency.
4. Maintain clean, accessible restroom facilities.
5. Maintain adequate interior and exterior lighting and adequate parking facilities.
6. Provide a minimum of 10 square feet, a chair and work surfaces for each student. Make provisions for handicapped students.

Instructor Requirements

1. Submit an application and instructor agreement for each instructor.
2. Pay DMV license fee.
3. Each instructors must hold a valid Virginia driver's license. Instructor driving records should reflect no more than 6 demerit points.
4. All instructors associated with the clinic must be properly certified by curriculum vendor and licensed by DMV.
5. Display the DMV-issued instructor's license during classroom instructional periods.

Fees and Notice Requirements

1. Pay DMV the \$10 processing fee for each court-directed, DMV-directed, insurance and volunteer student.
2. Manually report clinic attendance and pay the required processing fee for each student to DMV within 24 hours of clinic completion.
3. Extranet reporting of clinic attendance and pay the required processing fee for each student to DMV within 24 hours of clinic completion. Extranet payments must be made by using a major credit card or debit card.
4. Submission of the clinic roster and electronic clinic roster (DI 17) to certify that all information presented is true and valid.

DRIVER IMPROVEMENT CLINIC REQUIREMENTS (CONTINUE)

Curriculum Requirements

1. Maintain certification with a DMV-approved curriculum vendor.
2. Ensure that the vendor properly certifies all instructors associated with the clinic and provides annual in-service training.
3. Maintain a sufficient supply of student workbooks, instructor guides and other teaching aids.
4. Follow the curriculum and properly utilize the training materials provided by a DMV-approved curriculum vendor.
5. Conduct a full eight-hour course of classroom instruction, including administration of the final exam. Meals and other breaks will not count towards the eight-hour requirement.
6. Permit students to take the final exam only once each calendar day.
7. Final exams shall consist of 50 curriculum questions. Students must answer at least 80% of the questions correctly to successfully complete the course.
8. Issue the appropriate certificate of completion to each student successfully completing the course.

Advertising/Notice to DMV Requirements

1. Use the words "Licensed by DMV" as the sole reference to the relationship between the driver improvement clinic and DMV. No clinic should use the DMV logo on any form of advertising or lead the public to believe that they are a state-run organization.
2. Provide written notice to DMV within 30 working days if there are address, instructor, ownership, license or other changes that will affect the clinic's records. In the event the clinic provider license terminates for any reason, the clinic provider should return to DMV the license to operate and any unused clinic rosters (DI 17). Extranet users must return DMV-issued equipment or pay a replacement fee.

Audit Requirements

1. Allow DMV to conduct audits with or without prior notice. At least one audit will be conducted per year.
2. All clinic records must be open and available for inspection by any officer or employee of DMV or any law enforcement officer during normal business hours. DMV may secure and remove these records for the purpose of conducting audits or investigations.
3. Respond to and/or correct deficiencies/violations noted on annual or random audits within 30 working days as directed unless an exception is granted by DMV.

CERTIFICATION (All applicants must complete and sign this section.)

I/we hereby make application for a driver improvement clinic and certify that all information contained on this application is true. I/we understand that if licensed I/we are subject to the current statutes pertaining to operation of the driver improvement clinic. By signing this document, I certify that I am an owner or designated representative of the clinic and that I am authorized to enter into binding agreements on behalf of the clinic. I agree to abide by the terms and conditions specified above and the current statutes. This agreement shall become effective upon signing and shall expire on the date indicated below. Either party may terminate this agreement by giving written notice within 30 working days. I understand that failure to comply with any of the terms of this agreement or the submission of false or inaccurate information pursuant to this agreement or application may result in suspension, cancellation or revocation of the clinic's license.

APPLICANT NAME (print)	APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
APPLICANT NAME (print)	APPLICANT SIGNATURE	DATE (mm/dd/yyyy)

DRIVER IMPROVEMENT CLINIC		DEPARTMENT OF MOTOR VEHICLES	
APPLICANT NAME (print)		DMV REPRESENTATIVE NAME (print)	
TITLE (print)		TITLE (print)	
APPLICANT SIGNATURE	DATE (mm/dd/yyyy)	REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)

DMV USE ONLY

AGREEMENT EFFECTIVE DATE (mm/dd/yyyy)	AGREEMENT EXPIRATION DATE (mm/dd/yyyy)
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