

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. Submit this application along with the vendor agreement and instructor applications (DI 505) to the Commercial Licensing Work Center at the above address. The instructor's license period will coincide with the expiration of the respective clinic license.

APPLICATION INFORMATION

| | | |
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| TYPE OF APPLICATION (check one) <input type="checkbox"/> Original (first-time application) <input type="checkbox"/> Renewal | | FEE <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: _____ | | |

OWNER INFORMATION

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|--|----------------------------|-------------------------------|
| BUSINESS ENTITY/ INDIVIDUAL OWNER FULL NAME (last) (first) (mi) (suffix) | | TELEPHONE NUMBER |
| CUSTOMER NUMBER | HOME MAILING ADDRESS | CITY STATE ZIP CODE |
| HOME TELEPHONE NUMBER | FAX NUMBER (if applicable) | EMAIL ADDRESS (if applicable) |

REPRESENTATIVE INFORMATION (authorized to act on behalf of owner)

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| MANAGER/ADDITIONAL REPRESENTATIVE FULL NAME (last) (first) (mi) (suffix) | TITLE | TELEPHONE NUMBER |
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CLINIC BUSINESS INFORMATION

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|--|---|
| CLINIC FULL NAME | |
| MAILING ADDRESS | CITY STATE ZIP CODE |
| FEDERAL IDENTIFICATION NUMBER (FIN)/CUSTOMER NUMBER | BUSINESS LICENSE NUMBER (attach a copy for each site) |
| DO YOU WISH TO DISPLAY YOUR WEB ADDRESS ON DMV WEBSITE? <input type="checkbox"/> Yes <input type="checkbox"/> No | YOUR WEBSITE ADDRESS |
| DO YOU WISH TO DISPLAY YOUR EMAIL ON DMV WEBSITE? <input type="checkbox"/> Yes <input type="checkbox"/> No | YOUR EMAIL ADDRESS |

CLINIC OPERATIONS 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 |
| 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 |
|-----------------------------------|------------|--------------|----------|
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DMV USE ONLY

| | | | |
|-----------|--|--|----------------------------|
| CSR 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 | CLINIC CODE NUMBERS |
| | | <input type="checkbox"/> APPROVED DATE | GENERAL CLINIC CODE |
| | | <input type="checkbox"/> DENIED DATE | COMMERCIAL CLINIC CODE |
| | | | COMPUTER BASED CODE |

CLINIC LOCATION(S)

For each location - enter facility name and address and attach the following

- Copy of contract or agreement authorizing the use of the facility to conduct driver improvement clinic(s). Document must show expiration date.
- Business license
- No fee required for first classroom location. For each additional classroom location submit a \$25 annual fee.

DMV USE ONLY

| FACILITY NAME AND ADDRESS | | Clinic Code | No Fee | Fee Paid | Date Added | Date Deleted |
|---------------------------|--|-------------|--------|----------|------------|--------------|
| 1. | | | | | | |
| 2. | | | | | | |
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| 4. | | | | | | |
| 5. | | | | | | |
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| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |

(Copy this page or attach a separate sheet if additional space is needed.)

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

I/we hereby make application for a driver improvement clinic license 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 clinic requirements specified in this form and the current statutes. I understand that failure to comply with any of the terms of the clinic license or the submission of false or inaccurate information pursuant to this application may result in suspension, cancellation or revocation of the clinic license.

I/we further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

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

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

DRIVER IMPROVEMENT CLINIC REQUIREMENTS

Upon submission of this signed application, the owner or authorized representative of the clinic agrees to meet the following requirements.

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 as 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, and restroom facilities.
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 in a conspicuous location inside the business office.

Clinic Location Requirements

1. Each clinic location must be approved by DMV prior to use.
2. Provide DMV with verification authorizing use of the facility to conduct classroom instruction throughout license tenure and maintain a copy of the verification in the clinic's business files.
3. Pay fees for each clinic location.
4. Comply with all local business license and zoning regulations
5. Comply with all federal, state and local health, fire and building code requirements.
6. Maintain 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 by comparing 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. Post the sign displaying DMV's toll-free number in a conspicuous location inside the classroom during instructional periods.

Computer-Based Requirements (If applicable)

1. Provide DMV with a copy of the contract or agreement (showing expiration date) authorizing use of a facility to conduct classroom instruction throughout license tenure. Maintain a copy 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 (DI 505) attached to Driver Improvement Clinic License Application (DI 15)
2. Pay DMV license fee.
3. Each instructor 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. Submit accurate reports of clinic attendance on the DI 17, Clinic Roster and pay the required processing fee for each student to DMV within 24 hours of clinic completion.
3. Make Extranet payments using a major credit card or debit card.

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 do not count as part of the eight-hour requirement.
6. Final exams shall consist of 50 curriculum questions. Students must answer at least 80% of the questions correctly to successfully complete the course.
7. Final exam may be taken only once each calendar day.
8. An appropriate certificate of completion will be issued to each student successfully completing the course.

DRIVER IMPROVEMENT CLINIC REQUIREMENTS (con't)**Advertising/Notice Requirements**

1. Use the words "Licensed by DMV" as the sole reference to the relationship between the driver improvement clinic and DMV. No clinic may 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 calendar days if there are address, instructor, ownership, license or other changes that affect the clinic's records. If the clinic provider license terminates for any reason, the clinic provider must return the license to operate and any unused clinic rosters (DI 17) to DMV. Extranet users must return DMV-issued equipment or pay a replacement fee.

Audit Requirements

1. Allow DMV to conduct at least one audit per year - with or without prior notice.
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. Clinic to respond to and/or correct deficiencies/violations noted on annual or random audits within 30 calendar days as directed unless an exception is granted by DMV.