

New York **NYSP** Safety Program

Delivery Agency Application for
Classroom Facility Approval
(Additional Class Location)

Please complete both pages of this application and mail or fax to the address at bottom.

Thank you. Richard Kibble, New York Safety Program.

Name of Delivery Agency: _____ Code: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Submitted by: _____ Title: _____

(Please Print)

Classroom Facility Information

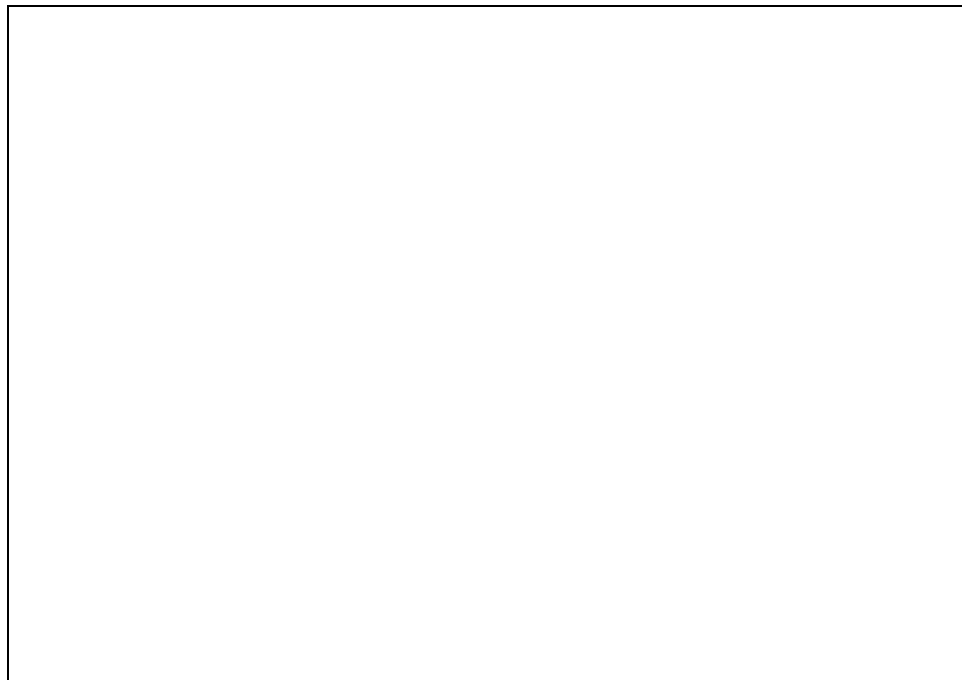
Name of Facility: _____

Address: _____

City: _____ County: _____ ZIP: _____ Phone: _____

Dimensions: Length: _____ **X** Width: _____ = Total: _____

Please indicate/draw the following: Doors/Exits; TV/VCR; Board/Easel; Restrooms; Tables/Chairs



UPON APPROVAL TO CONDUCT AN APPROVED MOTOR VEHICLE ACCIDENT PREVENTION COURSE IN NEW YORK, THE APPLICANT AGREES:

- To conduct an approved Motor Vehicle Accident Prevention Course in accordance with the Commissioner’s Regulations Part 138.
- To perform all administrative functions in accordance with the procedures and regulations established by the Department of Motor Vehicles.
- To authorize the Department both to audit the records of the approved agency and to monitor and evaluate any and all portions of the course.
- To advertise its course in compliance with the requirements set forth in the Commissioner’s regulations.
- To cooperate with the department of Motor Vehicles in the matters intended to assist in the upgrading or presentation of the Course.
- That the Department may cancel Sponsoring Agency or Delivery Agency approval pending appeal to the Appeals Board pursuant to article 1A of the Vehicle and Traffic Law, if the Department determines that such agency has failed to comply with any of the provisions of the regulations or it is determined that the course is not given in a satisfactory manner.

By my signature below, I certify that the classroom facilities meet or exceed the guidelines as set forth by the Department and the NYSP, Inc., and it is our responsibility to maintain those standards. I will notify NYSP of any changes in classroom facilities or location, and will not conduct a class without prior written approval.

Authorized Signature

Date

FOR NYSP USE ONLY

Seating Capacity [Total Sq. ft./15 sq. ft. (p/p)] _____ MAXIMUM STUDENTS

APPROVED

DISAPPROVED

REASON FOR DISAPPROVAL: _____

AUTHORIZED SIGNATURE

TITLE

DATE

LOCATION CODE #