



KENTUCKY TRANSPORTATION CABINET  
Department of Vehicle Regulation  
DIVISION OF DRIVER LICENSING

TC 94-180  
Rev. 08/2019  
Page 1 of 1

**55+ DRIVING PROGRAM APPLICATION**

**SECTION 1: APPLICANT INFORMATION**

<b>ORGANIZATION NAME</b>		<b>POINT OF CONTACT</b> <i>(first name, last name)</i>	
<b>MAILING ADDRESS</b>		<b>CITY</b>	<b>STATE</b>   <b>ZIP</b>
<b>EMAIL</b>	<b>PHONE</b>	<b>PROGRAM PARTICIPANT FEE:</b> \$	

**SECTION 2: ATTESTATIONS**

*I attest that the attached curriculum shall be taught in strict accordance with 601 KAR 13:040, and further attest to adhere to all standards as set forth in 601 KAR 13:040.*

<b>APPLICANT PRINTED NAME</b>	<b>APPLICANT SIGNATURE</b>	<b>DATE</b>

**FOR KYTC USE ONLY**

<b>REVIEWER PRINTED NAME</b>	<b>REVIEWER SIGNATURE</b>	<b>DATE</b>

<b>PROGRAM APPROVED:</b> YES        NO	<b>COURSE IS VALID UNTIL</b> <i>(mm/dd/yyyy):</i>
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