



### 55+ DRIVING PROGRAM APPLICATION

#### SECTION 1: APPLICANT INFORMATION

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

#### 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.*

| APPLICANT PRINTED NAME | APPLICANT SIGNATURE | DATE |
|------------------------|---------------------|------|
|                        |                     |      |

#### FOR KYTC USE ONLY

| REVIEWER PRINTED NAME | REVIEWER SIGNATURE | DATE |
|-----------------------|--------------------|------|
|                       |                    |      |

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

|  |  |
|--|--|
|  |  |
|--|--|