



GRADUATED LICENSE 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 13:110, and further attest to adhere to all standards as set forth in 601 KAR 13:110.

APPLICANT PRINTED NAME	APPLICANT SIGNATURE	DATE

FOR KYTC USE ONLY

REVIEWER PRINTED NAME	REVIEWER SIGNATURE	DATE

PROGRAM APPROVED: YES NO COURSE IS VALID UNTIL *(mm/dd/yyyy)*:

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