



**Driver  
Safety  
Program**

# Course Certificates/Kit Order Form

COURSE ID # \_\_\_\_\_

To place your order, call 1/800-569-1658 / fax to 1-703-541-5921 or 1-703-541-5922 or mail.  
**Do not mail this card after faxing or calling in your order.** Allow 21 business days for delivery.

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Volunteer ID # \_\_\_\_\_ Volunteer phone #: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

*PLACE LABEL HERE*

Ship to address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Host's name: \_\_\_\_\_ This Course Contact Phone Number: (\_\_\_\_) \_\_\_\_\_

Class address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

4-hour course

**Class Open** (*will accept AARP 888# phone and Internet referrals*)

8-hour course

**Class Closed** (*no AARP 888# phone and Internet referrals – class full*)

1<sup>st</sup> Day \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Class date(s) Start: \_\_\_\_\_ End: \_\_\_\_\_  
and

time(s): 2<sup>nd</sup> Day \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Start: \_\_\_\_\_ End: \_\_\_\_\_

**Host Type (check one):**

- |  |                                |   |
|--|--------------------------------|---|
| (01) ___ AARP Chapter                              | (11) ___ Hospital/HMO          | (21) ___ Retirement Housing/Condo                       |
| (02) ___ American Legion/VFW                       | (12) ___ Library               | (22) ___ Retired Teachers Assoc.                        |
| (03) ___ Bank                                      | (13) ___ Local Insurance Agent | (23) ___ RV/Mobile Home Park                            |
| (04) ___ Chamber of Commerce                       | (14) ___ Local Retail          | (24) ___ Salvation Army                                 |
| (05) ___ City/County Government                    | (15) ___ Nursing Home          | (25) ___ Senior Center                                  |
| (06) ___ Credit Union                              | (16) ___ Parks/Recreation      | (26) ___ Sheriff  |
| (07) ___ Elks/Kiwanis/Lions/<br>Moose/Rotary Clubs | (17) ___ Physician/Medical     | (27) ___ YWCA/YMCA                                      |
| (08) ___ Education                                 | (18) ___ Police                | (28) ___ Write in other sponsor not<br>list above _____ |
| (09) ___ Fire Dept.                                | (19) ___ Red Cross             |   |
| (10) ___ Funeral Home                              | (20) ___ Religious             |   |

**Check one:** \_\_\_ Certificates only  
\_\_\_ Certificates and Kit  
\_\_\_ No materials needed  
\_\_\_ Adjust Website Info  
Only.

On-line Registration ( ) Yes ( ) No