



# MATURE DRIVER COURSE PROVIDER APPLICATION

See directions on pages 3 & 4

**The application must be typed or will not be accepted.**

MATURE DRIVER COURSE PROVIDER NAME

**Mature Driver Course Provider Name.** Enter the EXACT name you use (or will use) for advertising. No form of this name shall be used other than the name in the exact form you state in this space. **Recommend that you register business name with Secretary of State.**

Check Which Applies to this Application: <input type="checkbox"/> Mature Driver Course Provider Original Application <input type="checkbox"/> Mature Driver Course Provider Renewal Application # _____ <input type="checkbox"/> Adding Mature Driver Course Location <input type="checkbox"/> Moving Mature Driver Course Location : School # _____ <input type="checkbox"/> Change of name, mailing address, official, manager, records storage, bond, insurance, etc. <b>Complete "Business Name" caption and ONLY the changed information.</b>	Check Which Course(s) Applies to this Application: <input type="checkbox"/> Mature Driver Course ( <b>attach proof of current certification or approval</b> ) <input type="checkbox"/> National Safety Council approved <input type="checkbox"/> AAA approved <input type="checkbox"/> AARP approved <input type="checkbox"/> Other - Identify _____
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**Business Mailing Address.** List the complete address where mail will be sent for your driver training enterprise activities. The information in this section may be posted on the DPS web page.

STREET	CITY	COUNTY
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STATE	ZIP	PHONE ( ) -	FAX ( ) -	CELL ( ) -
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E-MAIL	WEB ADDRESS
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**Business Owner.** Give the name of all who are owners of this business enterprise. If more than one person (individual or corporation) owns the business, list each owner on a separate application. If individual or partnership, provide Social Security Number, otherwise, include Employer Id #.

OWNER OR PUBLIC SCHOOL OFFICIAL'S NAME	Which type of ownership best describes your business?
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NUMBER OF OWNERS (Attach one page per owner)	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership SSN _____	<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association Court approved _____	<input type="checkbox"/> Public School <input type="checkbox"/> Non-profit <input type="checkbox"/> Court approved _____	<input type="checkbox"/> E.S.C. <input type="checkbox"/> Other: (specify) _____
	<b>Employer Id #:</b> _____			

**Owner Address.** List the address where mail will reach the owner. If owner is an individual, list the owner's home address. If owner is a partnership, list home addresses of each owner. Use additional application forms for additional owners.

STREET	CITY	COUNTY
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STATE	ZIP	PHONE ( ) -	FAX ( ) -	E-MAIL
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**Authorizing Official (AO).** This business enterprise shall identify an authorizing official who is responsible for the operation of the enterprise and who shall be held liable if the enterprise, its classrooms, its offices, or its staff is found in violation of the Ohio Revised Code, Section 3937.43 or Ohio Administrative Code Chapter 4501: 2-9. If additional authorizing officials serve this enterprise, use additional application forms. If the owner is an individual, the authorizing official shall be the owner of the enterprise.

SSN OF AO - -	DATE OF BIRTH OF AO / /	BUSINESS TITLE OF AO
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NAME OF AO, FIRST	MIDDLE	LAST
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STREET	CITY	COUNTY
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STATE	ZIP	PHONE ( ) -	FAX ( ) -	E-MAIL
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**Compliance statement:** *I hereby certify I am the authorizing official of this mature driver course enterprise and the information provided herein is true and complete. I have read, understand, am familiar with, and am responsible for knowing the provisions governing driver training schools and instruction as those provisions are set forth in Ohio Revised Code, Section 3937.43 and the Ohio Administrative Code, rule 4501: 2-9. I will abide by the laws, statutes, and rules set forth therein. I will take all reasonable steps to ensure the enterprise and its schools, instructors, and staff operates in compliance with the laws, statutes, and rules as they apply to this enterprise. I will take all reasonable steps to ensure the facilities, training programs, advertising, and solicitations for business, records, and contracts of the enterprise, its schools, instructors, and staff comply with the laws, statutes, and rules governing mature driver course providers. I will ensure the enterprise and each of its schools maintains financial responsibility for the fulfillment of contracts and obligations to students trained in or by the enterprise. To all herein I so certify and attest with my signature below.*

SIGNATURE OF AUTHORIZING OFFICIAL <b>X</b>	DATE
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*If more than one person acts as authorizing official for the enterprise, use additional pages. All authorizing officials must sign and certify this application.*

**Place of Business Supplement.** List the address(es) where this business enterprise conducts mature driver courses. This form can be used for up to three locations. Use as many additional copies of this page of the application as needed. If submitting an original application, leave blank the School License # and the Instructor (TM) License# (these will be assigned by DPS). The Enterprise Name and School Name may be the same.

BUSINESS ENTERPRISE NAME				# OF MATURE DRIVER LOCATIONS OPERATED BY THIS ENTERPRISE			
SCHOOL NAME				SCHOOL #		STUDENTS TRAINED ANNUALLY (Est.)	
STREET				CITY		COUNTY	
STATE	ZIP	PHONE ( ) -	FAX ( ) -	E-MAIL			
MAILING ADDRESS, STREET				CITY		COUNTY	
STATE	ZIP	PHONE ( ) -	FAX ( ) -	E-MAIL			
WHERE ARE THIS CLASSROOM'S RECORDS (AS DEFINED IN OAC 4501:2-9) STORED?				<input type="checkbox"/> ON SITE AT CLASSROOM <input type="checkbox"/> ENTERPRISE ADDRESS <input type="checkbox"/> OTHER			
IF "OTHER," LIST PLACE AND GIVE ADDRESS WHERE RECORDS ARE STORED							
STREET				PHONE ( ) -		FAX ( ) -	
CITY		COUNTY		STATE	ZIP	E-MAIL	
TRAINING MANAGER SSN			TRAINING MANAGER NAME			INSTRUCTOR (TM) License #	
SCHOOL NAME				SCHOOL #		STUDENTS TRAINED ANNUALLY (Est.)	
STREET				CITY		COUNTY	
STATE	ZIP	PHONE ( ) -	FAX ( ) -	E-MAIL			
MAILING ADDRESS, STREET				CITY		COUNTY	
STATE	ZIP	PHONE ( ) -	FAX ( ) -	E-MAIL			
WHERE ARE THIS CLASSROOM'S RECORDS (AS DEFINED IN OAC 4501:2-9) STORED?				<input type="checkbox"/> ON SITE AT CLASSROOM <input type="checkbox"/> ENTERPRISE ADDRESS <input type="checkbox"/> OTHER			
IF "OTHER," LIST PLACE AND GIVE ADDRESS WHERE RECORDS ARE STORED							
STREET				PHONE ( ) -		FAX ( ) -	
CITY		COUNTY		STATE	ZIP	E-MAIL	
TRAINING MANAGER SSN			TRAINING MANAGER NAME			INSTRUCTOR (TM) License #	
SCHOOL NAME				SCHOOL #		STUDENTS TRAINED ANNUALLY (Est.)	
STREET				CITY		COUNTY	
STATE	ZIP	PHONE ( ) -	FAX ( ) -	E-MAIL			
MAILING ADDRESS, STREET				CITY		FAX ( ) -	
STATE	ZIP	PHONE ( ) -					
WHERE ARE THIS CLASSROOM'S RECORDS (AS DEFINED IN OAC 4501:2-9) STORED?				<input type="checkbox"/> ON SITE AT CLASSROOM <input type="checkbox"/> ENTERPRISE ADDRESS <input type="checkbox"/> OTHER			
IF "OTHER," LIST PLACE AND GIVE ADDRESS WHERE RECORDS ARE STORED							
STREET				PHONE ( ) -		FAX ( ) -	
CITY		COUNTY		STATE	ZIP	E-MAIL	
TRAINING MANAGER SSN			TRAINING MANAGER NAME			INSTRUCTOR (TM) LICENSE #	

# APPLICATION INSTRUCTIONS

The most current version of this document available at [www.drivertraining.ohio.gov](http://www.drivertraining.ohio.gov)

## Motor Vehicle Crash Prevention Courses for Drivers 60 and Older

These driving schools have been approved by the Department of Public Safety under the Ohio Revised Code, Section 3937.43 and Ohio Administrative Code, rule 4501:2-9. Insurers may provide appropriate premium reductions to the insured, 60 years or older, who have completed an approved motor vehicle accident prevention course and meet certain conditions regarding their driving records. All courses include at least eight hours of classroom instruction, practical exercises, and a written examination. Check with your insurance provider before enrolling in a course to determine the insurance premium reduction provided **upon successful course completion**.

The authorizing official of the mature driver course provider enterprise shall complete this form. The **authorizing official** is the person who owns the enterprise or who maintains responsibility for its operations on behalf of the owner, particularly when the owner is a corporation. The application for a mature driver school license will be accepted only when the application is complete and accurate. **"Enterprise"** means a person or organization that operates a mature driver course as defined in OAC 4501:2-9. **"Training manager"** or "manager" means a person designated by an authorizing official of a driver training enterprise to carry out orders, instruct, and conduct the business and manage the training program of a school including the training and supervision of instructors. **You are encouraged to keep a file copy of the entire application and attachments. DPS will abide by the Ohio Public Records Act R.C. 149.43. Social security number will be redacted prior to release to the public.**

Upon receipt of a complete application, the Ohio Traffic Safety Office and Driver Training will contact the enterprise to schedule an inspection. The inspection will consist of the facility, classroom, equipment, course documents and student records. The Driver Training Manager will approve the curriculum. Upon receipt of an acceptable inspection report, the enterprise will be issued a certificate of approval and certificates should be ordered online. The pre-numbered certificates will be approved by the department and should be issued to all students who successfully complete the course by the enterprise.

### **"ORIGINAL" APPLICATIONS SHALL INCLUDE:**

1. A complete, accurate, and true application form (two pages) signed by the authorizing official and dated. Recommend registering the business name with Secretary of State. Mark "original application" on the caption, "check which applies to this application." On page 2 of the application, list the information for the location to which you are requesting an inspection.
2. A copy of the certificate, approval document, or letter on certifying organization's letterhead showing proof of eligibility to use the identified curriculum. Do not attach the original document. The curriculum being used for student training must **not** be more than ten years old.
3. If more than one person (individual or corporation) owns the business, list each owner on a separate application. Submit all applications together. Incomplete applications will be returned to the authorizing official for additional information. Identify type of organization and Social Security # or Employer Identification Number (depending on type of organization).
4. The identification (on the application) of the person or persons who will serve as the authorizing official for the enterprise and the training manager for each mature driver course provider.
5. A report of a criminal records check from the Ohio Bureau of Criminal Identification and Investigation for the criminal history of the authorizing official(s) and instructor(s). The report shall be dated no more than 60 days prior to the date the application is received by the director.
6. For each instructor, the driving record abstract obtained from the records maintained by the bureau of motor vehicles, or a similar agency from another state if the applicant has an out-of-state license. The abstract shall be dated no more than 60 days prior to the date the application is received by the director, and the abstract must show the applicant has a current and valid license to operate a motor vehicle.
7. If available, a copy of each training manager's certificate of training showing each manager has completed a driver training school manager's course within the past 10 years. Do not attach the original document. Driver Training schools will have this document, others will not.
8. A completed compliance statement (included in this application at the bottom of page 1) certifying you (the authorizing official) will operate the mature driver course enterprise and each of its schools in compliance with all applicable laws of the Revised Code, the Administrative Code, and other local, state, and federal laws. Read this paragraph thoroughly prior to signing.
9. Include a letter of request stating the date you expect to begin using your new school location.
10. Do not open the new location or advertise the new location until the school is properly inspected and approved.

### **"RENEWAL" APPLICATIONS SHALL INCLUDE:**

1. A complete, accurate, and true application form (two pages) signed by the authorizing official and dated. Mark "renewal application" on the caption, "check which applies to this application." On page 2 of the application, list the information for the school locations that you are renewing. All renewal locations must be inspected.
2. If more than one person (individual or corporation) owns the business, list each owner on a separate application. Submit all applications together. Incomplete applications will be returned to the authorizing official for additional information. Identify type of organization and Social Security # or Employer Identification Number (depending on type of organization).
3. The identification (on the application) of the person or persons who will serve as the authorizing official for the enterprise and the training manager for each mature driver course provider.
4. A completed compliance statement (included in this application at the bottom of page 1) certifying you (the authorizing official) will operate the mature driver course enterprise and each of its schools in compliance with all applicable laws of the Revised Code, the Administrative Code, and other local, state, and federal laws. Read this paragraph thoroughly prior to signing.

## “MOVING TO A NEW LOCATION” APPLICATIONS SHALL INCLUDE:

1. A complete, accurate, and true application form (two pages) signed by the authorizing official and dated. Mark “Moving school location application” on the caption, “check which applies to this application.” On page 2 of the application, list ONLY the information for the location to which you will be moving.
2. If more than one person (individual or corporation) owns the business, list each owner on a separate application. Submit all applications together. Incomplete applications will be returned to the authorizing official for additional information. Identify type of organization and Social Security # or Employer Identification Number (depending on type of organization).
3. The identification (on the application) of the person or persons who will serve as the authorizing official for the enterprise and the training manager for each mature driver course provider.
4. A completed compliance statement (included in this application at the bottom of page 1) certifying you (the authorizing official) will operate the mature driver course enterprise and each of its schools in compliance with all applicable laws of the Revised Code, the Administrative Code, and other local, state, and federal laws. Read this paragraph thoroughly prior to signing.
5. Include a letter of request to move the school location stating the date your current school location will close and the date you expect to begin using your new school location. (These dates may be the same date, but they may not overlap. Two schools operating at the same time require two approvals. See “Adding School Location.”)
6. Do not open the new location or advertise the new location until the school is properly inspected and approved.

## “ADDING NEW LOCATION” APPLICATIONS SHALL INCLUDE:

1. A complete, accurate, and true application form (two pages) signed by the authorizing official and dated. Mark “adding new location application” on the caption, “check which applies to this application.” On page 2 of the application, list ONLY the information for the location that you will be opening.
2. If more than one person (individual or corporation) owns the business, list each owner on a separate application. Submit all applications together. Incomplete applications will be returned to the authorizing official for additional information. Identify type of organization and Social Security # or Employer Identification Number (depending on type of organization).
3. The identification (on the application) of the person or persons who will serve as the authorizing official for the enterprise and the training manager for each mature driver course provider.
4. A completed compliance statement (included in this application at the bottom of page 1) certifying you (the authorizing official) will operate the mature driver course enterprise and each of its schools in compliance with all applicable laws of the Revised Code, the Administrative Code, and other local, state, and federal laws. Read this paragraph thoroughly prior to signing.
5. Include a letter of request to add a school location stating the date you expect to begin using your new school location.
6. Do not open the new location or advertise the new location until the school is properly inspected and approved.

## CHANGES IN BUSINESS

1. A conveyance of the ownership of a business enterprise from one person to another requires an original application form. For transferring ownership to another, the authorizing official shall follow the steps for “original application” listed above.
2. To change the name of a mature driver course provider enterprise, the authorizing official shall:
  - a. Send a written request to change the name of the enterprise listing the license number and name of the enterprise as it is currently licensed.
  - b. Complete the “Mature Driver Course Provider Enterprise Application” listing ONLY the new name desired in the “name” caption.
  - c. Mark “change of name” on the caption, “check which applies to this application.”
  - d. Complete ONLY any other information that will change with this name change.
  - e. Sign and date the application.

Mail, fax, or hand deliver completed applications to:	Ohio Department of Public Safety ATTN: Driver Training Manager 1970 West Broad Street, Room 426 Columbus, Ohio 43223 Fax: 614/995-4778
ID required at security desk to meet with the DT Manager (if available)	

### Mature Driver Course Provider Application Checklist

1. Have you reserved and/or registered the mature driver course provider name?
2. Have you checked every applicable box and completed all blank spaces. Write N/A if a box or line is not applicable.
3. Have you provided an e-mail address which you will check frequently? **This is required information.**
4. Have you secured the required performance bond?
5. Have you attached required documents to support this application?
6. Have you completed the two page application and signed it?
7. Have you carefully read the compliance statement on page 1? Have you carefully read the Ohio Administrative Code 4501-21?
8. Have you provided the required curriculum verification information for approval?
9. Will you have all requirements ready for the date of the inspection?
10. Have you reviewed and proof read all of the information on this application to make sure it is complete and accurate before submitting? **It will be returned if additional information is needed.**