



Ohio - Ready, Assess, Drive Application Form

Applicant Information

Enterprise Name: _____ Date: _____

Address: _____
Street Address

City State ZIP Code

Phone: _____ Email _____

Responsible Party
(Contact for the
Project): _____

Address: _____
Street Address

City State ZIP Code

Phone: _____ Email _____

Driver Training Enterprise Information

Number of Schools operated by enterprise: _____

Number of Counties served by driving school(s): _____

Average Number of Students completed annually: _____

Type of area(s) served by the driving school(s)** check more than one if applicable**
 Urban Rural Suburban

Do you drive with online students? Yes No

Disclaimer and Signature

I certify that I agree to participate in this voluntary research project and will utilize the Diagnostic Tool(s) as the Department has established. I understand that application for this project does not guarantee my participation. I acknowledge that if selected I will be considered an independent contractor of the Department for purposes of this project and will follow the procurement processes required in order to receive compensation.

Responsible Party Signature: _____ Date: _____