



REMEDIAL COURSE PROVIDER APPLICATION

This application must be **TYPED** or it will not be accepted.

See Directions on Page 3

<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED					
REMEDIAL COURSE PROVIDER NAME					
REMEDIAL 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. Register business name with Secretary of State.					
CHECK WHICH APPLIES TO THIS APPLICATION <input type="checkbox"/> Remedial Course Provider Original Application <input type="checkbox"/> Adding Remedial Course Location <input type="checkbox"/> Moving Remedial Course Location : School # _____ <input type="checkbox"/> Change of name, mailing address, official, manager, records storage, bond, insurance, etc. Complete "Business Name" caption and ONLY the changed information.			CHECK WHICH COURSE(S) APPLIES TO THIS APPLICATION <input type="checkbox"/> Adult Remedial Course <input type="checkbox"/> National Safety Council approved <input type="checkbox"/> AAA approved <input type="checkbox"/> Other (attach a copy of the curriculum for approval) <input type="checkbox"/> Juvenile Driver Improvement Program (attach copy of JDIP training certification) <input type="checkbox"/> Advanced Juvenile Driver Improvement Program (attach copy of AJDIP training certification)		
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	
STATE	ZIP CODE	PHONE	FAX		
E-MAIL			WEB ADDRESS		
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.					
OWNER OR PUBLIC SCHOOL OFFICIAL NAME			WHICH TYPE OF OWNERSHIP BEST DESCRIBES YOUR BUSINESS? <input type="checkbox"/> Individual <input type="checkbox"/> Partnership SSN <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association EIN		
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	
STATE	ZIP CODE	PHONE	FAX	E-MAIL	
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 (R.C.) Chapter 4508 or Ohio Administrative Code (O.A.C.) Chapter 4501-21. 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	
FIRST NAME		MIDDLE		LAST	
STREET		CITY		COUNTY	
STATE	ZIP CODE	PHONE	FAX	E-MAIL	
COMPLIANCE STATEMENT. I hereby certify I am the authorizing official of this remedial 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 Chapter 4508 of the R.C. and Chapter 4501-21 of the O.A.C. 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 remedial 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				DATE	
X					

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 remedial courses. This form can be used for up to three locations. If more space is required, use as many additional copies of this page of the application.

BUSINESS ENTERPRISE NAME		NUMBER OF LOCATIONS OPERATED BY THIS ENTERPRISE	
SCHOOL NAME		SCHOOL LICENSE #	TRAINING TYPE(S) <input type="checkbox"/> Adult Remedial <input type="checkbox"/> JDIP <input type="checkbox"/> Advanced JDIP
STREET		CITY	STATE ZIP
COUNTY	PHONE	FAX	E-MAIL
MAILING ADDRESS			
STREET		CITY	STATE ZIP
COUNTY	PHONE	FAX	E-MAIL
WHERE ARE THIS CLASSROOM'S RECORDS (AS DEFINED IN O.A.C. 4501-21) STORED? (If "other," list place and address where records are stored)			
<input type="checkbox"/> On Site at Classroom <input type="checkbox"/> Enterprise Address <input type="checkbox"/> Electronic Records <input type="checkbox"/> Other			
STREET		CITY	STATE ZIP
COURSE MANAGER NAME		COURSE MANAGER / CHIEF INSTRUCTOR SSN	INSTRUCTOR LICENSE #
SCHOOL NAME		SCHOOL LICENSE #	TRAINING TYPE(S) <input type="checkbox"/> Adult Remedial <input type="checkbox"/> JDIP <input type="checkbox"/> Advanced JDIP
STREET		CITY	STATE ZIP
COUNTY	PHONE	FAX	E-MAIL
MAILING ADDRESS			
STREET		CITY	STATE ZIP
COUNTY	PHONE	FAX	E-MAIL
WHERE ARE THIS CLASSROOM'S RECORDS (AS DEFINED IN O.A.C. 4501-21) STORED? (If "other," list place and address where records are stored)			
<input type="checkbox"/> On Site at Classroom <input type="checkbox"/> Enterprise Address <input type="checkbox"/> Electronic Records <input type="checkbox"/> Other			
STREET		CITY	STATE ZIP
COURSE MANAGER NAME		COURSE MANAGER / CHIEF INSTRUCTOR SSN	INSTRUCTOR LICENSE #
SCHOOL NAME		SCHOOL LICENSE #	TRAINING TYPE(S) <input type="checkbox"/> Adult Remedial <input type="checkbox"/> JDIP <input type="checkbox"/> Advanced JDIP
STREET		CITY	STATE ZIP
COUNTY	PHONE	FAX	E-MAIL
MAILING ADDRESS			
STREET		CITY	STATE ZIP
COUNTY	PHONE	FAX	E-MAIL
WHERE ARE THIS CLASSROOM'S RECORDS (AS DEFINED IN O.A.C. 4501-21) STORED? (If "other," list place and address where records are stored)			
<input type="checkbox"/> On Site at Classroom <input type="checkbox"/> Enterprise Address <input type="checkbox"/> Electronic Records <input type="checkbox"/> Other			
STREET		CITY	STATE ZIP
COURSE MANAGER NAME		COURSE MANAGER / CHIEF INSTRUCTOR SSN	INSTRUCTOR LICENSE #

APPLICATION INSTRUCTIONS

The authorizing official of the remedial 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 remedial school license will be accepted only when the application is complete and accurate. A remedial school license will be issued for either Adult Remedial Course or Juvenile Driver Improvement Program.

"Enterprise" means a person or organization that operates a remedial driving course as defined in O.A.C. 4501-21.

ORIGINAL APPLICATIONS SHALL INCLUDE:

1. A completed, accurate, and true application form. Register business name with Secretary of State.
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 for additional information.
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 remedial course provider.
4. A report of a State level check and a Federal level check from the Ohio Bureau of Criminal Identification and Investigation for the criminal history of each authorizing official. The report shall be dated not more than 90 days prior to the date the application is received in the Driver Training Office.
5. A copy of each course manager's certificate of training showing each manager has completed a remedial course manager's course within the past 10 years.
6. A completed compliance statement (included in this application) certifying you (the authorizing official) will operate the driver training 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.
7. **Curriculum must include:** (1) Section topic, (2) Instructor Tasks, (3) Learning Activities, (4) Participant Objectives, (5) Instructional Materials & Notes, (6) References, (7) Resources, and (8) Appendices (participant activity sheets, transparency masters, videotape list (titles, description, and time), and copies of written quizzes or tests. For examples, see the Ohio Driver Training Curriculum and / or the Juvenile Driver Improvement Program.
8. Provide proof of legal use of the property (building use agreement, lease, rental agreement or deed).
9. Current fire inspection for property.

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 remedial 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 "Remedial 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.
3. To change the address of a school location, the authorizing official shall:
 - a. Complete a "Remedial Provider Enterprise Application" including the business enterprise, business owner, financial responsibility, bond, and authorizing official sections.
 - b. Mark "moving school location" on the caption, "check which applies to this application."
 - c. Include a letter of request to move the school location stating the date your currently licensed school 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 licensed at the same time require two licenses. See "Adding School Location.")
 - d. Sign and date the application.
 - e. On page 2 of the application, list ONLY the information for the location to which you will be moving.
 - f. Provide proof of legal use of the property (building use agreement, lease, rental agreement or deed).
 - g. Current fire inspection for property.
 - h. Not open the new location until the school is inspected and properly licensed.
4. To add a school location, the authorizing official shall:
 - a. Complete a "Remedial Provider Enterprise Application" including the business enterprise, business owner, financial responsibility, bond, and authorizing official sections.
 - b. Mark "adding school location" on the caption, "check which applies to this application."
 - c. Include a letter of request to add a school location stating the date you expect to begin using your new school location.
 - d. Sign and date the application.
 - e. On page 2 of the application, list ONLY the information for the location that you will be opening.
 - f. Provide proof of legal use of the property (building use agreement, lease, rental agreement or deed).
 - g. Current fire inspection for property.
 - h. Not open the new location until the school is inspected and properly licensed.

Mail or fax completed applications to:

Ohio Department of Public Safety
ATTN: Driver Training App.
P.O. Box 182081
Columbus, Ohio 43218-2081
OR
Fax: (614) 728-8330