

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"/> Moving Mature Driver Course Enterprise: 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"/> Mature Driver Course (attach proof of current certification or approval) <input type="checkbox"/> National Safety Council approved <input type="checkbox"/> AAA approved <input type="checkbox"/> AARP approved <input type="checkbox"/> Other - Identify _____		
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	PHONE	FAX	CELL	
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. 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?		
NUMBER OF OWNERS (Attach one page per owner)			<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Public School <input type="checkbox"/> E.S.C. <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Non-profit <input type="checkbox"/> Other: (specify) _____ SSN _____ Employer Id #: _____		
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	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.), Section 3937.43 or Ohio Administrative Code (O.A.C.) Chapter 4501-54. 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	
NAME OF AO, FIRST		MIDDLE		LAST	
STREET		CITY		COUNTY	
STATE	ZIP	PHONE	FAX	E-MAIL	
WHERE ARE THE COURSE'S RECORDS (AS DEFINED IN OAC 4501-54) STORED?			<input type="checkbox"/> ENTERPRISE ADDRESS <input type="checkbox"/> OTHER		
IF "OTHER," LIST PLACE AND GIVE ADDRESS WHERE RECORDS ARE STORED					
STREET		CITY		COUNTY	
STATE	ZIP	PHONE	FAX	E-MAIL	
COURSE INSTRUCTOR SSN			COURSE INSTRUCTOR NAME		
Compliance statement: <i>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 R.C. 3937.43 and the O.A.C. 4501-54. 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.</i>					
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.

APPLICATION INSTRUCTIONS

The most current version of this document available at 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 R.C. 3937.43 and O.A.C. 4501-54. 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 six hours of classroom instruction, skills demonstration, and a written exercise. 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 O.A.C. 4501-54. **"Course instructor"** means a person designated by the course operator to conduct the motor vehicle accident prevention course for drivers age sixty or older. **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 Driver Training Program Office 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 Program 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 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."
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 course instructor 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 90 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 90 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 course instructor's certificate of training.
8. A completed compliance statement 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 signed by the authorizing official and dated. Mark "renewal application" on the caption, "check which applies to this application."
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.

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.

**Schools with more than one location shall keep record of all locations where training takes place. No application is required.

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 or fax completed applications to:
Ohio Department of Public Safety
ATTN: Driver Training Program
1970 West Broad Street, Room 426
P.O. Box 182081
Columbus, Ohio 43218-2073
Fax: (614) 728-8330