



### Drivers' Improvement Clinic Agreement

Safeway Driving School  
17794 Main Street Dumfries VA  
  
(703)786-1144

Certificate Number (office use) \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Birth Date \_\_\_\_\_ Male Female

Driver's License Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Reason for taking this course - check ONLY one

DMV	<input type="checkbox"/>	DMV Directed	Letter sent by DMV
INS	<input type="checkbox"/>	Insurance	Insurance reduction
VOL	<input type="checkbox"/>	Volunteer	Voluntarily for points
NCT	<input type="checkbox"/>	Court Directed	Ticket dismissal or other reason

I certify and understand:

Instructor may disallow student because student is late from breaks.

Total in class time must be 8 hours.

Once the class has begun there will be no refunds of fees and no credits.

Zero tolerance for intoxication, under the influence of drugs and profanity.

No certificate reissuance or copies.

This information on this form is accurate and up to date to the best of my knowledge.

DMV issued ID is Required. No ID. No Certificate of completion.

**Signature** \_\_\_\_\_

For Office Use	
Date	
Amount Paid	
Money Order #	
Representative Signature	