



DRIVER IMPROVEMENT PROGRAM

Participant Waiver and Release

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Participant Soundex Number (Driver's License Number)

Participant Name (please print legibly)

Participant date of birth

By my signature below, I acknowledge that:

- I have not furnished the Motor Vehicle Administration letter of assignment to the driver improvement program provider; and
 - › I was assigned by the Motor Vehicle Administration to participate in the driver improvement program, received a letter of assignment, but am unable to produce the letter at this time; or
 - › I am participating in the driver improvement program by my own choice; and
- Electronic certification of completion of this program is based solely on the accuracy of the information I provided to the driver improvement program provider on this form; and
- I have been provided a copy of the Driver Improvement Program Participant Roles and Responsibilities; and
- I fully understand my responsibility in assuring that my driving record properly reflects my completion of this program.

Participant Signature

Date

This form must become part of the participant's record