



APPLICATION FOR APPROVAL REMEDIAL PROGRAMS

MUST PROVIDE SEPARATE FORM FOR EACH PROGRAM
(Please complete both sides of the application. Print in ink.)

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|--|---|
| <input type="checkbox"/> Application for DIP Program-\$300.00 | <input type="checkbox"/> Application for 3 Hour Alcohol/Drug Program-\$200.00 |
| <input type="checkbox"/> Change of Address DIP Program | <input type="checkbox"/> Change of Address 3 Hour Alcohol/Drug Program |
| <input type="checkbox"/> Add DIP Branch | <input type="checkbox"/> Add 3 Hour Alcohol/Drug Branch |
| <input type="checkbox"/> Application for DIP Internet Program-\$300.00 | <input type="checkbox"/> Application 3Hr Alcohol/Drug Internet Program-\$200.00 |
| <input type="checkbox"/> Video Use/Curriculum Changes | <input type="checkbox"/> OTHER: _____ |

(Must provide cd/dvd with application, also explain in additional information)

Name of Provider _____ Provider # _____

Street Address (For action indicated above.) _____ Suite Number/Floor _____

City _____ County _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Email Address (MUST PROVIDE) _____ Web Address for On-Line only _____

USE THIS PORTION FOR CHANGE OF ADDRESS/EMAIL/PHONE NUMBER ONLY

Old Site Address _____ City _____ County _____ Zip _____

New Location Address _____ City _____ County _____ Zip _____

Business Phone _____ Program Email Address _____

Has the applicant been previously approved as a Provider? Yes No
If **yes**, was the approval canceled? Yes No If **yes**, when? _____

Has any owner, partner, or corporate officer, listed ever been convicted of any violation of the Motor Vehicle laws in any state or territory?
 Yes No If **yes**, please explain in additional information section.

Has any owner partner or corporate officer, listed ever been convicted of a crime, other than traffic violations, in any state or territory?
 Yes No If **yes**, please explain in additional information section.

Are any owners, partners, or corporate officers currently employed by the State of Maryland? Yes No
If so, what agency? _____

PLEASE LIST ALL OWNERS, PARTNERS, AND OFFICERS OF CORPORATION BELOW

Name of Owner, Partner, or Officer	Position	Driver's License Number
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Home Address	City	County	Zip
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Date of Birth(Month/Day/Year)	Phone Number	Email Address (Must Provide)
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Name of Owner, Partner, or Officer	Position	Driver's License Number
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Home Address	City	County	Zip
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Date of Birth(Month/Day/Year)	Phone Number	Email Address (Must Provide)
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Name of Owner, Partner, or Officer	Position	Driver's License Number
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Home Address	City	County	Zip
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Date of Birth(Month/Day/Year)	Phone Number	Email Address (Must Provide)
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If your request requires additional information, please supply here: _____

Certification of Signator(s)

It is illegal for anyone to give false or fictitious information to obtain approval as a provider. Since this certification is considered part of the application, anyone who provides or certifies to a false or fictitious statement or information herein may be prosecuted and/or have his or her approval canceled.

Applicant's Signature	Date
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Apply to register to vote with your driver's license transaction. For details ask your customer service representative.