

MPDEA REGISTRATION FORM FOR
INSTRUCTOR CERTIFICATION CLASS - CLASSROOM

Full name of Applicant: _____
(please include middle name)

Home Address: _____

City, State, Zip: _____ Home Phone: _____

Driving School: _____

School Phone: _____ School Fax: _____

Soundex Number: _____ Instructor # _____
(Driver License)

Course Start Date: _____

Course Location: _____

Tuition:
\$325.00

\$ _____ - Amount Enclosed

REFUND POLICY

1. Withdraw 10 days before the course starts – full refund
2. Withdraw less than 10 days before course starts
 - a. Refund minus \$50 if seat can be filled
 - b. Refund minus \$200 if seat cannot be filled
3. Withdraw after the class has begun – no refund

CONTACT PERSON:

MPDEA
Attn: David Resnick
Resnick, Inc.
10220 S. Dolfield Rd., Suite 104
Owings Mills, MD 21117
Phone: (410) 363-7483