for office use only

PLEASE FILL IN THE INFORMATION AT THE BOTTOM OF THIS PAGE

L	H	D	T	DATE	M/C	VISA	CK#	CASH	PRE-PD	BALANCE DUE

SIGN UP DATE	CERTIFICATE NUMBER	COMPLETION DATE	INSTRUCTOR	DRIVING DATE

NAME (LAST, FIRST MIDDLE)	SF470	PHONE

D & D DRIVING SCHOOL, INC

1867 SALEM AVENUE ____
3016 WILMINGTON PIKE ____
6656 BRANDT PIKE ____
856 S UNION BLVD ____
155 LOWER BELLBROOK ____

PRINT ONLY

WHICH SCHOOL DO YOU ATTEND? WHAT TIME DO YOU GET OUT? TODAY'S DATE

NAME
FIRST MIDDLE LAST SSN

STREET ADDRESS PHONE

CITY STATE ZIP COUNTY

BIRTHDATE PERMIT NUMBER EXP DATE

PREVIOUS DRIVING EXPERIENCE _______YES _______NO IF YES, HOW MANY HOURS?___________

DO YOU HAVE ANY MEDICAL CONDITION, PHYSICAL OR MENTAL DISABILITY, OR DISEASE WHICH COULD AFFECT YOUR ABILITY TO SAFELY OPERATE A MOTOR VEHICLE? ______ YES ______ NO
IF YES, PLEASE EXPLAIN:

PLEASE READ, SIGN AND DATE THE AGREEMENT FORM ON THE OPPOSITE SIDE OF THIS PAGE ____________