



6 Hour Point & Insurance Reduction Course Registration Form

Course Completion Date _____ DA Code # _____
(Filled out by instructor)

**PLEASE PRINT CLEARLY BELOW & COPY YOUR NAME EXACTLY AS IT
APPEARS ON YOUR DRIVER'S LICENSE**

First Name: _____ Middle _____ Last _____

State where DL Issued: _____ Driver's License: _____

Mailing Address: _____ Apt. Or Suite # _____

City/State/Zip _____

Email _____

Telephone #: _____ Date of Birth: _____

Send Certificate to Student Home: _____