

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY 1150 FOSTER AVENUE, NASHVILLE, TN 37243

OWNER OR MANAGER

(PLEASE PRINT OR TYPE)

Date of Application: Month Day Year O	nline Classroom	NEW RENEWAL
Type of School (please check): 4 and/or 8-hr Driver Education Course (DOS Rule 1340-03-07) 8-hr		
Name:		
Home Address:Street City	State	Zip Code
Home Phone Number () Social Security Number	r	
Driver License Number StateExpiration	Date of Birth: Mo	_ Day Yr
Have you ever been convicted, forfeited bond, or are you currently on probation Yes No (If yes, please explain):		
BUSINESS NAME:		
Physical Address (where records are held):		
Classroom Address (Check if same as above):		
Mailing Address (☐ Check if same as Physical):		
Phone Number () Fax Number ()		
Business Website Email Add	ress	
Type of Business (check one): Entity of local government Nonprofit	Organization Private En	tity
(THIS SECTION ONLY REQUIRED FOR 8-HOUR DEFENSIVE DRIVING COURSE PROVIDERS Chap	oter 1340-01-04)	
Business License Number County		
Liability Insurance CarrierPolicy No	Effective Dates of Policy	/: From To
EDUCATION		
Education: (Circle highest grade completed) Grade School 1 2 3 4 5 6 7 8	ligh school 9 10 11 12 Other	1 2 College 1 2 3 4 5 6
Have you successfully completed a course in Driver Education Instructor? Yes	No (If "Yes"	', complete the following.)
Name of School: Date Completed: Mo Day	Yr Expiration Date: Mo	o Day Yr
(Attach copy of certificate to application)		
I hereby apply for a license to operate a Defensive Driving School to be issued by misleading, or incomplete information in my application may result in license der criminal prosecution and civil action. Under penalty for perjury, I do hereby swea application, and any statements made in connection therewith, are complete, tru	nial, cancellation, suspension, or re r or affirm that the information co	vocation, as well as possible
Signature:	Date:	

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