



TENNESSEE DEPARTMENT OF SAFETY
SAFETY EDUCATION DIVISION
1150 FOSTER AVENUE
NASHVILLE, TN 37243

DRIVERS EDUCATION COURSE PROVIDER APPLICATION – T.C.A 55-10-301

GOVERNMENT

(PLEASE PRINT OR TYPE)

Date of Application: Month _____ Day _____ Year _____ Online _____ Classroom _____ Both _____

GENERAL

Contact Name: _____
Last First Middle

Title: _____

Office Phone Number (_____) _____ Fax Number (_____) _____

Email Address: _____

BUSINESS NAME: _____

Address (where records are held): _____

City _____ State _____ Zip Code _____

Mailing Address (If different): _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____ Fax Number (_____) _____

Business Website _____

Email Address _____

I hereby apply for a license to operate a Defensive Driving School to be issued by the Tennessee Department of Safety. I understand that false, misleading, or incomplete information in my application may result in license denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature: _____

Date: _____