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| Linked BOCES:  For consortium programs only | Name | BEDS Code |
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|  | Name | | | BEDS Code |
| School, School District, College, or BOCES |  | | |  |
| Mailing Address |  | | County |  |
| City | , New York | | Zip Code |  |
| Program Administrator | Primary | Secondary (if applicable) | | |
| * Name |  |  | | |
| * Title |  |  | | |
| * E-mail |  |  | | |
| * Phone | Ext | Ext | | |

Please list *all* MV-283 card holders. If a driver is being added, dropped, or updated place note in rightmost column. If adding or updating, please include a photocopy of license and MV-283 card.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | MV-283 Card #  & Exp Date  (or “P” for permanent) | | Drivers License #  & Exp Date \* | | Note if Added, dropped, or updated |
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If working with a driving school, please fill out this section:

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| --- | --- | --- | --- |
| Driving School’s Name |  | | |
| Driving School Contract Start Date |  | Contract End Date |  |
| Driving School License Expiration Date |  | | |

Please list *all* MV-524 card holders. If a driver is being added, dropped, or updated place note in rightmost column. If adding or updating, please include a photocopy of license and MV-524 card.

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| Name | Drivers License #  & Exp Date \* | | MV-524 Card #  & Exp Date | | Note if Added, dropped, or updated |
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**Please initial** the following assurances:

The school, school district, college, or BOCES seeking approval on this form assures that all vehicles used in the delivery of this DTSE course will be properly insured, inspected, and labeled according to Section VII, 1-6 of the 2010 DTSE Guidelines.

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| Form preparer |  | Program Administrator |  | Institution CEO |  |

The school, school district, college, or BOCES seeking approval on this form assures that all students will receive 1440 minutes (24 hours) of classroom instruction with an MV-283 certified teacher.

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| Form preparer |  | Program Administrator |  | Institution CEO |  |

The school, school district, college, or BOCES seeking approval on this form assures that all students will receive 1440 minutes (24 hours) of laboratory instruction-a minimum of six (6) clock hours of actual behind-the-wheel driving and a minimum of six (6) clock hours of in-car observation.

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| Form preparer |  | Program Administrator |  | Institution CEO |  |

No public school student may be required to pay tuition or fees for a DTSE course offered for credit by the student’s home school district

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| Form preparer |  | Program Administrator |  | Institution CEO |  |

The DTSE course will be conducted in full compliance with the DTSE Guidelines.

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| Form preparer |  | Program Administrator |  | Institution CEO |  |

I affirm that I have read the entire application and am familiar with all its contents and that all answers, statements, and other matters are true.

I also affirm that this DE-1 form has been prepared by me, that I am a direct school employee, and that no commercial driving school, or entity acting in such capacity, has directed me as to what information to place on this form, other than supplying materials such as driver’s license(s), MV-524 card(s), driving abstract(s), and assurance of 30 hour Instructor’s Course, etc. pertaining to section VII (MV-524 card holders) above.

Signature (blue ink) of the **primary individual who has prepared this form**:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Print Name:

Title:

I affirm that I have read the entire application and am familiar with all of its contents, that the application was prepared by a direct school employee, that all answers, statements, and other matters are true, and that the course will be conducted in accordance with the Vehicle and Traffic Law, Education Law, and current State Education Department Guidelines governing the conduct of NYS-DTSE.

Signature (blue ink) of the **administrator coordinating the New York State DTSE program**

**Note**: This must not be a teacher delivering instruction within the program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Print Name:       Administrative Certification #:

Title:

I affirm that I have read the entire application and am familiar with all of its contents, that the application was prepared by a direct school employee, that all answers, statements, and other matters are true, and that the course will be conducted in accordance with the Vehicle and Traffic Law, Education Law, and current State Education Department Guidelines governing the conduct of NYS-DTSE.

Signature (blue ink) of **Superintendent** (public school or BOCES), **Central Office Administrator** (private school), **or Administrator of the college**

**Note**: This administrator must be of an appropriate level to sign an agreement/contract between his/her agency and the New York State Education Department.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Print Name:       Administrative Certification #:

Title:

**Send a signed copy of this form to:**

New York State Education Department

Career & Technical Education Office

Driver & Traffic Safety Education Team Room 315 EB

89 Washington Avenue

Albany, NY 12234