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APPLICATION for TRAINING

COURSE REQUESTED: Defensive Driving Course

Date: _____

Location: PALMER

PLEASE PRINT (This will be on your Certificate)

Last Name		First Name		Middle
Mailing Address			Full SSN	
City, State and Zip Code		Phone Number		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Disclosed
Drivers License or Permit #	Expiration Date		Date of Birth	
Race (check only one): Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/> Asian Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (Specify): _____				

Why did you take this DDC class? _____ 2 pt reduction _____ ticket dismissal _____ to improve driving

(Choose only one option):



TO DMV



TO THE COURT

Have you taken a DDC class before? _____ Yes _____ No If yes, when? _____

Emergency Contact: _____ Relationship: _____ Phone: _____

The fee for the
 Defensive Driving Course
 is non-refundable.

A National Safety Council Certificate will be presented upon completion of this course. There is a \$5.00 fee for a certified copy of a lost or damaged certificate. NIT will not guarantee acceptance of a photocopy by the State of Alaska court system or your insurance company.

I certify that the information provided in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____