

EMPIRE SAFETY COUNCIL, INC.

**Delivery Agency Application for Approval to
Conduct Empire Safety Council, Inc. Point and Insurance Reduction Course**

INSTRUCTIONS:

- Provide an MVR (Motor Vehicle Report).
- Provide all information below. Complete and attach IPP 4 and 5 and related IPP forms for each instructor applicant.
- Sign the agreement on the back of this form.
- Mail the original and one copy to Empire Safety Council, 176 Terry Road, Smithtown, NY 11787. Keep a copy for your records.

Name of Sponsoring Agency Code Number
EMPIRE SAFETY COUNCIL, INC. 21

Name of Delivery Agency Code Number

I operate as an _____ and/or D/B/A: _____
(Corporation/Individual/partnership) (Business Name)

My Federal Employer Tax I.D. # is: _____ Or if Individual, d/b/a: S.S. # _____

Mailing Address of Delivery Agency (Include Street Number and Name, Rural Delivery Box and/or Apt. #)

Mailing Address (Include Street Number and Name, rural Delivery Box and/or Apt. #)

City _____ County _____ Zip Code _____ Telephone # (Area Code) _____

Contact Person _____ Title _____ Date _____

CLASSROOM FACILITY INFORMATION

Name of Facility _____

Mailing Address (Include Street Number and Name, Rural Delivery Box and/or Apt #)

City _____ County _____ Zip Code _____ Telephone # (Area Code) _____

Does the classroom meet Department of Motor Vehicles Regulations? Yes No

Inspected by: _____ Signature _____

Title: _____ Date: _____

List the name and home address of each instructor who will be employed by the Delivery Agency:

1. Last Name of Instructor First M.I.

Home Address City or Town Zip Code

2. Last Name of Instructor First M.I.

Home Address City or Town Zip Code

Upon approval to conduct an approved Motor Vehicle Accident Prevention Course in New York State, the applicant agrees:

1. To conduct an approved Motor Vehicle Accident Prevention Course in accordance with Part 138 of the Commissioner's Regulations.
2. To perform all administrative functions in accordance with the procedures and Regulation established by the Department of Motor Vehicles and to comply with all ESC Internal Policies and Procedures.
3. To authorize the Department and E.S.C. to audit the records of the approved course and to monitor and evaluate any and all portions of the course.
4. To advertise its course in compliance with the requirements set forth in the Commissioner's Regulations, Sect. 138.
5. To cooperate with the Department of Motor Vehicles in matters intended to assist in the upgrading or presentation of the course.
6. That the department may cancel a Delivery Agency approval pending appeal to the Appeals Boards (in accordance with Article 3A of the Vehicle and Traffic Law). If the department determines that such agency has failed to comply with any of the provisions of the Regulations, or if it is determined the course is not given in a satisfactory manner.
7. Your agency is approved by E.S.C.
8. Your agency or instructors should not represent they are approved as part of the N.Y.S. Department of Motor Vehicles in any manner of form.
9. I have read and understand "New Regulations" Section 138 included in my Instructor Manual. None of my Delivery Agents, Managers, Operators, Officers, Partners, Employees or Instructors have been convicted of a felony or crime involving fraudulent activity, as attested to in my Instructor Application.

▶ _____
 Instructor/Delivery Agent Signature (Date)

▶ _____
 (Authorized Signature for Sponsoring Agency) (Date)

 Print Name Code #

E.S.C. USE ONLY	
Reason for Disapproval _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
▶ _____ (Signature)	