DPR-103 (10/08)

New York State Department of Motor Vehicles
DRIVER TRAINING PROGRAMS
www.nysdmv.com

DRINKING DRIVER PROGRAM APPLICATION

ACTION WANTED:
☐ Original ☐ Amendment

OFFICE USE ONLY

Business ID Number for Agency

INSTRUCTIONS: Applicants must complete and send all materials listed here to the address on the bottom of page 2:

- Drinking Driver Program Application (DPR-103)
- Drinking Driver Program Service Agreement (DPR-104)
- Drinking Driver Program Instructor Application (DPR-102) for each instructor.

SPONSORING AGENCY INFORMATION

Agency Name (Municipality/Facility/School or Organization Sponsoring the Drinking Driver Program)

Federal Employer ID Number or Social Security Number

Address of Organizational Sponsor

Address (Continued)

City

State

Zip Code -

County

Contact Person Last Name

Contact Person First Name

Middle Initial

Suffix (Jr., Sr., etc.)

Contact Person Title

Phone Number ( ) -

Extension

Fax Number ( ) -

E-Mail Address

OFFICE USE ONLY

Business ID Number for Program

DRINKING DRIVER PROGRAM INFORMATION

Drinking Driver Program Name

Address of DDP Program Site

Address (Continued)

City

State

Zip Code

County of Program Site

Last Name of Drinking Driver Program Director

First Name of Drinking Driver Program Director

Middle Initial

Suffix (Jr., Sr., etc.)

Last Name of Drinking Driver Program Administrative Coordinator

First Name of Drinking Driver Program Administrative Coordinator

Middle Initial

Suffix (Jr., Sr., etc.)

Phone Number

Extension

Fax Number

E-Mail Address

Authorized Signature

Date Signed

Print Name

Print Title

Complete and mail to:

New York State Department of Motor Vehicles
Driver Training Programs
6 Empire State Plaza, Room 412
Albany, NY 12228

reset/clear