

Driver Operator Proctor Class – Host Agency Information

(Please complete this form in its entirety and return to the DO Committee contact person)

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| **Host Agency Information** | | |
| **Department name** |  | |
| * Affiliation Number |  | |
|  |  | |
| **Contact Person** |  | |
| * E-mail address |  | |
| * Phone number | Cell: Office: | |
|  |  | |
| **Location of Class** |  | |
| * Facility Name |  | |
| * Address |  | |
| * City |  | |
|  |  | |
| **Prospective Dates** |  | |
| * 1st choice |  | |
| * 2nd choice |  | |
| * 3rd choice |  | |
| * 4th choice |  | |
|  |  | |
| **Facility Requirements** |  | |
| * Computer Access |  | |
| * Projection Screen |  | |
| * Location adequate in size to set up all four driving JPR’s simultaneously |  | |
| * 100 traffic cones |  | |
|  |  | |
| **Suggested Facility Requirements (optional, non-mandatory, non-reimbursable)** | | |
| * Drinking water for 30 students/Instructors | |  |
| * Coffee for classroom session | |  |
| * Snacks for classroom session | |  |