

 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
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