

# Chief Trainer/Trainer Order Form

# AARP Driver Safety Program

Business ID: 33520000

Today's Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Please allow up to 21 business days for delivery

(Place label here or print clearly below)

NAME \_\_\_\_\_ VOLUNTEER ID \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TITLE \_\_\_\_\_ PHONE NUMBER WITH AREA CODE \_\_\_\_\_

## Print the total needed on quantity line below:

Stock#	Quantity	Description
D18438	_____	Instructor Manual (8-hour)
D19090	_____	Ed. 6 Mid-Edition Revision Pages
D18462	_____	Instructor Manual (4-hour)
D19242	_____	Introduction & Policy Guide
D19296	_____	Leadership Training & Policy Guide
D19243	_____	Instructor Candidate Training Guide
D19244	_____	Trainers Guide
D13600	_____	Standard Activity Expense Statement
D16746	_____	Course Tuition & Expense Report Form
C2207	_____	Course Order Form
E344	_____	Supply Requisition Form
E343	_____	Chief Trainer/Trainer Order Form

## Ordering Options:

Call Toll Free: 800-569-1658  
By Mail: AARP Driver Safety Program  
P.O. Box 93114  
Long Beach, CA 90809-3114

