Participant Completion Record

AARP Driver Safety Program

Instructor Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Location of Class: _____ ☐☐ ☐☐☐☐☐☐☐☐☐
City State Instructor ID#

Please PRINT the following information exactly as it appears on your driver's license.

1. Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street Address or Box Number

2. Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. City or Town

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

4. State ☐☐ **5. Zip Code** ☐☐☐☐☐-☐☐☐☐ **6. Date of Birth (M/D/Y)** ☐☐☐☐☐☐

7. Motorist's ID License Number (not your license plate) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **8. Sex** M ☐ F ☐

9. Today's Date ☐☐☐☐ ☐☐ ☐☐
Year Month Day

10. Are you now an AARP member? (Please check) Yes ☐ No ☐

11. Reason for taking this course (check only one):

(0) ☐ Insurance reduction
(1) ☐ Requirement for a job
(2) ☐ Self Improvement
(4) ☐ Other (please explain)

12. Have you taken a driver improvement course prior to today's course? (check one only):

(0) ☐ No
(1) ☐ Yes, within the past two years
(2) ☐ Yes, from two to five years ago
(4) ☐ Yes, more than five years ago

13. Name of previous course if other than AARP Driver Safety Program _____

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☐☐ Sponsoring agency code ☐☐ Agency record data ☐☐ Delivering agency code

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