

Shane's Driving School, LLC
DRIVER IMPROVEMENT PROGRAM
8133 Elliott Rd Suite 201
Easton, MD 21601
443-786-9095
www.shanesdrivingschool.net

Please **PRINT LEGIBLY**. The following information is required for your completion form.

FULL NAME: _____
(AS IT APPEARS ON YOUR LICENSE)

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

WORK PHONE: _____

DRIVERS LICENSE #: _____

DATE OF BIRTH: _____

The updating of the participant's driving record is dependent on the provider transmitting the DIP completion information to the Administration within 24 hours of completing the program. The Administration may not remove a suspension, or reinstate the participant's driving privilege, until the provider submits the program completion information updates to the participant's driving record.

Refund Policy:

Withdrawal prior to start of class: 100% of fees paid

Withdrawal after start of class: 10% of fees paid (Refund of \$7.50)

Retest Fee: \$25

Please sign and date below acknowledging you have read and understand the information above:

Participant's Signature: _____

Date: _____