



DELIVERY AGENCY / INSTRUCTOR UPDATE

Agency Number: _____

Agency Name _____

Check all that apply:

- Change in name of Delivery Agency
- Change of Mailing Address of Delivery Agency
- Change of Mailing Address for Certificates of Completion
- Change of Classroom Location/Schedule on File
- Change of Phone number and/or fax number of Delivery Agency
- Instructor -- Change of mailing address, phone and/or fax number
- Other _____

AGENCY Update/Changes:

Delivery Agency Name: _____

Agency Mailing Address:

STREET ADDRESS

CITY

STATE

ZIP

The above address is also a classroom address to be changed:

YES NO

Change address where certificates are mailed: (if mailed directly to your agency)

YES NO

Agency Phone: (____) _____ Agency Fax:(____) _____

INSTRUCTOR Update/Changes:

Instructor Name: _____

Motorist ID#: _____

Mailing Address: _____

Phone:(____) _____

Fax: (____) _____

Prepared and submitted by:

SIGNATURE OF OWNER/ADMINISTRATIVE STAFF PERSON

DATE

Return this completed update to: USA Training Company

P.O. Box 26309, Austin, TX 78755-0309

USA FAX: 512-346-0431