

# CLASSROOM LOCATION SCHEDULE

This form must be received by USA Training Company no less than 40 days prior to holding any class

Fax: 512-346-0431

Mail: 8871 Tallwood Drive, Austin, TX 78759

Check  Add *new* dates and/or location [only list class dates not previously submitted]  
 one  Cancel [class date circled below canceled prior to start date]

PLEASE PRINT CLEARLY - COMPLETE ALL REQUESTED INFORMATION LEGIBLY

Agency Name \_\_\_\_\_ Agency # \_\_\_\_\_

Classroom street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone (# to call for class information) (\_\_\_\_\_) \_\_\_\_\_

Instructor Name: \_\_\_\_\_ License #: \_\_\_\_\_

**COMPLETE ALL INFORMATION - MONTH & YEAR AND DATE/TIME**

One day classes must be scheduled 6 hours minimum. *Example: 10 a.m.-4:00 p.m..*

Split classes (2 days) must be scheduled three hours each session *Example: 6-9 p.m. (write time on dates for 1<sup>st</sup> & 2<sup>nd</sup> half of class)*

MONTH & YEAR:		MONTH & YEAR:		MONTH & YEAR:	
Day of month	Time	Day of month	Time	Day of month	Time
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
10		10		10	
11		11		11	
12		12		12	
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14		14		14	
15		15		15	
16		16		16	
17		17		17	
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27		27		27	
28		28		28	
29		29		29	
30		30		30	
31		31		31	

I affirm that the information provided is true and correct, all instructors employed with the above-named agency are properly licensed and endorsed and only the USA Driver Safety Course is being taught at this location. I affirm that this classroom location meets all requirements established by Part 138 of New York State Department of Motor Vehicle Regulations.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_