

# 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	
13		13		13	
14		14		14	
15		15		15	
16		16		16	
17		17		17	
18		18		18	
19		19		19	
20		20		20	
21		21		21	
22		22		22	
23		23		23	
24		24		24	
25		25		25	
26		26		26	
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** \_\_\_\_\_