**APPLICATION FOR APPROVAL AS A DRIVER EDUCATION CORRESPONDENCE COURSE PROVIDER FOR HOME SCHOOL STUDENTS**

*(This page of the application is to be completed, signed, scanned, and submitted as a PDF document.)*

# Part I: Applicant Affidavit

Institution:

Ownership:

Chief Operating Officer:

Address:       City/State/Zip:

Telephone:       Fax:

E-Mail Address:       Web Site:

##### **CERTIFICATION**

I certify that the information contained in this affidavit and its attachments is true and correct to the best of my knowledge and that the school conforms to the provisions of the attached Regulations Governing the Approval of Correspondence Courses for Home Instruction adopted by the Virginia Board of Education (January 2016). If changes occur in the operation or ownership of the school, I further certify that I will notify the Virginia Department of Education prior to or immediately following such changes.

I understand that providing false or misleading information or failing to notify the Department of changes as they occur may result in the removal of the school from the list of approved courses as provided for in the above referenced regulations.

I also certify our correspondence school is in compliance with 8VAC20-60-80 which states:

***No school whose courses are approved for home instruction shall advertise in any way that the courses have the endorsement, recommendation, accreditation, recognition, or any other similar term, of the Board, the Departments of Motor Vehicles or Education, or the Commonwealth of Virginia.***

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Signature of Authorized Official Date

Printed Name Title

**NOTARY STATEMENT**

**Sworn to and subscribed before me this day of \_\_\_\_\_\_\_\_\_, 20\_\_**

**My commission expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Notary Public Signature**