

Person responsible for Billing:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Fax:** _____ (optional)

E-Mail: _____ (optional)

Number of drivers to enroll in the 19-A program	<u>Opening Deposit</u> to send to DMV
0 to 25	\$10.00
26 to 65	25.00
66 to 115	40.00
116 to 225	50.00
More than 225	70.00

SIC Code	Primary product or service your organization offers
4111	Local and Suburban Transportation
4119	Local Passenger Transportation (not classified elsewhere)
4131	Intercity and Rural Bus Transportation
4141	Local Bus Charter Service
4142	Bus Charter Service, except Local
4151	School Buses
4173	Bus Terminal and Service Facilities
8211	Elementary and Secondary Schools
8221	Colleges, Universities and Professional Schools
8249	Vocational Schools
8322	Individual and Family Social Services
8331	Job Training and Vocational Rehabilitation Services
9199	General Government

DMV approval: _____ **Date:** _____