



**AUTHORIZATION AND APPROVAL
FOR PRE-LICENSING COURSE
(SECONDARY SCHOOLS & COLLEGES)**

FOR OFFICE USE ONLY

Request approved by _____

Office _____

Date _____

Instructions: Please read Part 7 of DMV's Commissioner's Regulations before completing this form. All secondary schools and colleges must use this form: to request approval to issue Pre-licensing Course Completion Certificates (MV-278) through a Driver Education program; to request approval to teach the Pre-licensing Course; and to **notify DMV of any change to the program(s) offered, personnel, or any information provided on this form. Original signatures are required on this form. Photocopies will not be accepted.**

Name of School		Federal Employer ID Number*			
Address of School					
City	Zip	County	Telephone Number ()	Fax ()	
Type of Provider: <input type="checkbox"/> Secondary School <input type="checkbox"/> BOCES <input type="checkbox"/> School District Continuing Education <input type="checkbox"/> College					E-Mail Address
Type of program(s) offered: <input type="checkbox"/> Driver Education Program <input type="checkbox"/> Pre-licensing Course		Institution: <input type="checkbox"/> Public <input type="checkbox"/> Non-Public		Course is offered in what language? <input type="checkbox"/> English <input type="checkbox"/> Other	
Classroom Locations (Addresses)			Telephone Number		
1.			()		
2.			Telephone Number ()		
3.			Telephone Number ()		
4.			Telephone Number ()		

If you need more space to write additional classroom locations or instructors, please use an additional form.

A List below the instructors who will issue Pre-licensing Course Completion Certificates (MV-278) and **return a copy of their valid Driver Education Instructor Certificate (MV-283AB)**. Instructors teaching the class must sign the original MV-278 certificates.

1.	Last Name (<i>Print or Type</i>)	First	M.I.	Client ID Number	Issuing State
	Signature			Driver Education Instructor Certificate # (MV-283AB)	
2.	Last Name (<i>Print or Type</i>)	First	M.I.	Client ID Number	Issuing State
	Signature			Driver Education Instructor Certificate # (MV-283AB)	
3.	Last Name (<i>Print or Type</i>)	First	M.I.	Client ID Number	Issuing State
	Signature			Driver Education Instructor Certificate # (MV-283AB)	
4.	Last Name (<i>Print or Type</i>)	First	M.I.	Client ID Number	Issuing State
	Signature			Driver Education Instructor Certificate # (MV-283AB)	
5.	Last Name (<i>Print or Type</i>)	First	M.I.	Client ID Number	Issuing State
	Signature			Driver Education Instructor Certificate # (MV-283AB)	
6.	Last Name (<i>Print or Type</i>)	First	M.I.	Client ID Number	Issuing State
	Signature			Driver Education Instructor Certificate # (MV-283AB)	

* Section 5 of the New York State Tax Law requires that DMV give the Federal Employer Identification Number to the Department of Taxation and Finance.

BE SURE TO COMPLETE PAGE 2 OF THIS FORM.

B List the individuals who are authorized to sign replacement completion certificates (MV-278). Only the course instructor(s), director of continuing education or the chief school officer may sign replacement certificates.

Print or Type Name and Title	Signature
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

C List the individuals authorized to request books of form MV-278.

Print or Type Name and Title	Signature
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

D I certify that I have read Part 7 of the DMV's Commissioner's Regulations. I request approval for the course provider named on this form to issue MV-278 course completion certificates through an SED-approved Driver Education Program, and/or to teach the Pre-licensing Course. I have authorized the individuals named on this form to perform pre-licensing functions, as noted, on behalf of the provider. I affirm that the provider is an accredited secondary school or college approved by the Commissioner of Education for the purpose of conducting a course of classroom driver training and highway safety. In the event a program is discontinued, all remaining MV-278s will be returned to the Department of Motor Vehicles.

_____ Date _____ Signature of Chief School Officer _____ Name (*Printed*) _____ Title

Send this completed form to: NYS DMV
 State Office Building, 6th Floor
 Testing and Investigation Unit
 44 Hawley St.
 Binghamton NY 13901
 Tel. (607) 721-8578 / Fax (607) 721-8571

To order MV-278 certificates, send a request on your school's official letterhead, signed by a person identified in section C or D of this form, to the address above.