

EASY METHOD DRIVING SCHOOL  
REGISTRATION FORM  
INSTRUCTOR CERTIFICATION COURSE

INSTRUCTOR'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_  
HOME WORK

DRIVING SCHOOL EMPLOYED BY \_\_\_\_\_

APPRENTICE PERMIT # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

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REGISTERING FOR: CERTIFICATION COURSE

START DATE: \_\_\_\_\_

FEE: \$650.00 (INCLUDES MATERIALS)

- REFUND POLICY: 1) WITHDRAW 5 DAYS BEFORE COURSE STARTS –  
FULL REFUND  
2) WITHDRAW LESS THAN 5 DAYS BEFORE COURSE STARTS-  
FULL REFUND, IF SEAT CAN BE FILLED;  
50% REFUND IF SEAT NOT FILLED  
3) **NO REFUNDS ONCE COURSE STARTS**

METHOD OF PAYMENT: CHECK; MONEY ORDER (Must accompany registration to  
Be registered in course)

MAIL REGISTRATION AND PAYMENT TO:  
EASY METHOD DRIVING SCHOOL  
PO BOX 1878  
ELLCOTT CITY, MD 21041  
ATTN: MARLENE FREED