



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## SIX (6) HOUR ALTERNATIVE DELIVERY METHOD DRIVING SAFETY COURSE APPLICATION INSTRUCTIONS

Each entity requesting to provide a 6-hour driving safety course shall provide an application for approval that shall be in compliance with 16 TAC §84.504 and TDLR established guidelines and criteria for a driving safety course.

1. Name of Course – Enter the official name of the course.
2. Required Fee – Submit the required fee amount.
3. Organization Type – Indicate how your business is organized.
4. Course Provider Name – Enter the Course Provider name.
5. Course Provider license number – Enter the Course Provider license number.
6. Course Provider's Mailing Address and Contact Information – Enter the course provider's mailing address, phone number, fax number, email address and website address. This address is where the Department will mail all correspondence and may be a post office box. Provide the contact person's name, telephone number, and email address. This address is where the Department will mail all correspondence and may be a post office box. Provide the contact person's name, telephone number, and email address. Email addresses are a part of the key information required to transact business with TDLR. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
7. Physical Address – Enter the physical address of the course provider. This address is the actual business location of the course provider and where permanent records must be kept for auditing and inspection purposes. A post office box is not acceptable for the physical address.
8. Registered Agent Mailing Address and Contact Information – Must be provided if course owner is out of state.
9. Owner Information – Enter the name of the owner and complete the ownership information.
10. Certification Statement – Application must be signed by the owner, officer, or other authorized representative of the business. Be sure to print name, sign and date the application.

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [Texas Department of Licensing & Regulation web page](#) or reach the [Education and Examination Division via webform](#) where you can submit your request for assistance and include attachments as needed. Customer Service can also be reached at (800)803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).

## REQUIRED DOCUMENTS

- Completed application
- Fee of \$5,850.00 (All Fees are nonrefundable)
- Log in credentials (If your course is on-line)
- Cross Reference Form - included in this packet
- List of course materials and reference material
- Authorization to use Driving Safety Course Form or Driving Safety application and fee
- Course Provider License Application and applicable fee (if not licensed as a TDLR Course Provider)



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## SIX (6) HOUR ALTERNATIVE DELIVERY METHOD DRIVING SAFETY COURSE APPLICATION

<b>1. Name of Course:</b>	<b>2. Required Fee:</b> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">\$5,850.00</div>		
<b>3. Organization Type:</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation			
<b>4. Course Provider Name:</b>	<b>5. Course Provider License Number:</b> <div style="text-align: center;">CP</div>		
<b>5. Course Provider's Mailing Address and Contact Information:</b> (Used to receive mail from TDLR P.O. Box is allowed)			
<hr/> Number, Street Name, Suite Number, Building Number			
<hr/> City	<hr/> State	<hr/> Zip Code	
<hr/> Email Address		<hr/> Web Address	
<hr/> Phone Number	<hr/> Fax Number		
<hr/> Contact Person's Name	<hr/> Phone Number	<hr/> Email Address	
<b>6. Course Provider's Physical Address:</b> (P.O. Box is not allowed)			
<hr/> Number, Street Name, Suite Number, Building Number			
<hr/> City	<hr/> State	<hr/> Zip Code	
<b>7. Registered Agent Address:</b> (If applicable)			
<hr/> Registered Agent Name		<hr/> Phone Number	<hr/> Email Address
<hr/> Number, Street Name, Suite Number, Building Number			
<hr/> City	<hr/> State	<hr/> Zip Code	

**8. List the full name and contact information of the owners that have ownership in the business.**

**Business Name (Owner Name, if Sole Proprietorship):**

\_\_\_\_\_  
Business Name/Owner Name Ownership %

**Mailing Address :**

\_\_\_\_\_  
Number, Street and Apt. No. -OR- P.O. Box Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number Email Address: (example: johndoe@aol.com )

**Additional Owner Information Mailing Address and Contact Information:** (if necessary attach additional pages)

\_\_\_\_\_  
Business Name/Owner Name Ownership %

**Mailing Address:**

\_\_\_\_\_  
Number, Street and Apt. No. -OR- P.O. Box Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number Email Address: (example: johndoe@aol.com )

**9. Certification Statement**

I certify that I will comply with all applicable provisions of the law of the Texas Department of Licensing and Regulation (Texas Education Code, Chapter 1001) and the rules of the Texas Department of Licensing and Regulation (16 Texas Administrative Code, Chapter 84). I understand that providing false information on this application and all attachments may result in the revocation of the approval I am requesting and the imposition of administrative penalties.

\_\_\_\_\_  
Signature of Owner and/or Officer or Authorized Representative Date Signed

\_\_\_\_\_  
Printed Name of Owner and/or Officer or Authorized Representative Title

## DRIVING SAFETY SIX HOUR COURSE CONTENT REQUIREMENTS

- The school must establish hours that the student may access the instructor and for technical assistance.
- The educational objectives of driving safety courses shall include, but not be limited to promoting respect for and encouraging observance of traffic laws and traffic safety responsibilities of drivers and citizens; reducing traffic violations; reducing traffic related injuries, deaths, and economic losses; overweight/oversized vehicles, Community Safety Education Act and motivating continuing development of traffic-related competencies.
- A completed form cross-referencing the instructional units. A form to cross-reference the instructional units to the required topics and topics unique to the course will be provided by the Department.
- Approved driving safety courses must be presented in compliance with guidelines outlined and must include current statistical information drawn from data maintained by the Texas Department of Transportation or National Highway Traffic Safety Administration.
- Approved driving safety courses must ensure that course content is accurate, updated for current traffic laws, rules and includes all required content located in Education Code, Insurance Code and Texas Transportation Code ensuring it accurately represents current laws and rules.
- Driving Safety course content, including video and multimedia, shall include current statistical data, references to law, driving procedures, and traffic safety methodology. A driving safety course shall include, at a minimum, materials adequate to assure the student masters the following:
  - 1) Course introduction
  - 2) The traffic safety problem
  - 3) Factors influencing driver performance
  - 4) Traffic laws and procedures
  - 5) Special skills for difficult driving environments
  - 6) Physical forces that influence driver control
  - 7) Perceptual skills needed for driving
  - 8) Defensive driving strategies
  - 9) Driving emergencies
  - 10) Occupant restraints and protective equipment
  - 11) Alcohol and traffic safety
  - 12) Comprehensive examination

**Please Note:** It is the Course Provider's responsibility to check all traffic laws, rules and program requirements before submitting their course. Failure to ensure accuracy of content may result in the loss of non-refundable fee paid for application or cancellation of course approval.





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## COURSE APPLICATION PACKET INVENTORY

\_\_\_\_\_

ti PB P  
P PC P P P R P ti P  
P P B P P P ff associating course materials to the course guides. Label each  
item submitted with the name of the course and/or the name of the course provider. This form may be reproduced if  
additional copies are required.

ITEM	DESCRIPTION



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## AUTHORIZATION TO USE DRIVING SAFETY COURSE

This form is used by the course provider and driving safety school as verification of agreement. This form must be completed by the course provider and driving safety school. A course provider must submit written authorization to the department for each designated representative.

I, \_\_\_\_\_, provider for the driving safety course entitled  
(Name of Course Provider)

(\_\_\_\_\_) \_\_\_\_\_  
(Course Provider #) (Name of Course)

do affirm that the driving safety school listed below is authorized to offer this course at an approved driving safety school and all approved multiple classroom locations. The course provider has provided adequate course materials to present the course as it has been approved by the department.

\_\_\_\_\_  
(Typed or Printed Name of Driving Safety School Owner)

\_\_\_\_\_  
(Legal Name of School)

\_\_\_\_\_  
(Street Address of School)

\_\_\_\_\_  
(City) (State) (ZIP Code)

### Method of Delivery

Traditional  Alternative Delivery Method

Signatures of the driving safety school owner and the course provider below indicate an agreement to conduct the course in compliance with all course provider policies and procedures. The school owner is aware of the course user fee (which includes the exact cost of the TDLR Certificate of Completion **plus** a minimum \$3 fee) and the \$25 minimum cost that must be charged for each student receiving instruction. The school owner understands that the authority to operate a driving safety school may cease if the course provider's license is denied, revoked, or expires.

\_\_\_\_\_  
(Signature of School Owner)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Course Provider or Designated Representative)

\_\_\_\_\_  
(Date)



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## DRIVING SAFETY COURSE ALTERNATIVE DELIVERY METHOD CERTIFICATION STATEMENT OF REQUIRED DOCUMENTATION

Driving Safety Course Provider Name:

Driving Safety Course Provider License Number:

By placing a check mark in each applicable box below and by my signature, I certify that the required documentation will be maintained and made available to the Department. I certify that I am providing accurate information and will comply with all applicable provisions of the Texas Occupations Code, Chapter 51; Texas Administrative Code (TAC), Title 16, Chapter 84; and the Texas Education Code, Title 5, Chapter 1001. I understand that providing false information on this application may result in revocation of the license or denial of the approval of the license I am requesting, and the imposition of administrative penalties and/or sanctions. Audit violations may be imposed if I am not in compliance with the following:

Place an (X) in each box confirming compliance with these requirements:

- I will conform to the standards set forth in rule related to curriculum of a driving safety course and confirm that my course meets all requirements including all legislative mandates and certify all materials meet or exceed the minimum standards to be approved in the State of Texas. TAC 84.504
- I understand that my ADM must deliver the same topics and course content as the approved course. TAC 84.504(b)
- I understand that irrelevant material such as advertisements of goods and services or distracting material that is not related to the topic shall not appear during the actual instructional times of the course. TAC 84.504(b)(4)
- I will ensure my course meets or exceeds the minimum course length in content as required and outlined by rule for word count, multimedia presentations, charts and graphs, and examinations. TAC 84.504(b)(5)
- I will maintain and use a system to validate the identity of the person taking the course using a personal validation system that incorporates all requirements in rule. TAC 84.504(c)
- I will maintain and use a system to validate course content that verifies student participation and comprehension of course material including course timers and testing as required in rule. TAC 84.504(d)
- I will inform the student that they must complete the course in its entirety and a minimum score of 70 must be achieved on the final examination in order to pass the course and receive the uniform certificate of course completion. TAC 84.504(d)(4)(A-B)
- I will meet the additional requirements for a driving safety ADM if my course is presented via the internet, is a video course or is using new technology, as outlined in rule. TAC 84.504(f-h)
- I will establish specific hours that the student may access the instructor and technical assistance for the course. TAC 84.504(l)
- I will seek approval for any modifications to my course prior to offering them. TAC 84.504(i)
- I understand that an audit may be conducted without prior notice to determine whether we are complying with the requirements of Texas Administrative Code, Title 16, Chapter 84 and Texas Occupations Code, Chapter 51. No fee will be charged to any Department employees or representative and I will cooperate fully with the Department.

### SIGNATURE OF CERTIFICATION STATEMENT

\_\_\_\_\_  
Signature of Owner, Officer, or Authorized Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Owner, Officer, or Authorized Representative

\_\_\_\_\_  
Title