



ACTION WANTED:

Original Amendment

OFFICE USE ONLY

Business ID Number for Agency

[Empty box for Business ID Number]

INSTRUCTIONS: Applicants must complete and send all materials listed here to the address on the bottom of page 2:

- Impaired Driver Program Application (DPR-103)
- Impaired Driver Program Service Agreement (DPR-104)
- Impaired Driver Program Instructor Application (DPR-102) for each instructor.

SPONSORING AGENCY INFORMATION

Agency Name (Municipality/Facility/School or Organization Sponsoring the Impaired Driver Program)

[Empty box for Agency Name]

Federal Employer ID Number or Social Security Number

[Empty box for Federal Employer ID Number or Social Security Number]

Address of Organizational Sponsor

[Empty box for Address of Organizational Sponsor]

Address (Continued)

[Empty box for Address (Continued)]

City

[Empty box for City]

State

Zip Code

County

[Empty boxes for State, Zip Code, and County]

Contact Person Last Name

[Empty box for Contact Person Last Name]

Contact Person First Name

Middle Initial

Suffix (Jr., Sr., etc.)

[Empty boxes for Contact Person First Name, Middle Initial, and Suffix]

Contact Person Title

[Empty box for Contact Person Title]

Phone Number

Extension

Fax Number

[Empty boxes for Phone Number, Extension, and Fax Number]

E-Mail Address

[Empty box for E-Mail Address]

[Empty box for E-Mail Address]

**OFFICE
USE
ONLY**

Business ID Number for Program

IMPAIRED DRIVER PROGRAM INFORMATION

Impaired Driver Program Name

Address of IDP Program Site

Address (Continued)

City

State

Zip Code

County of Program Site

 -

Last Name of Impaired Driver Program Director

First Name of Impaired Driver Program Director

Middle
Initial

Suffix (Jr., Sr., etc.)

Last Name of Impaired Driver Program Administrative Coordinator

First Name of Impaired Driver Program Administrative Coordinator

Middle
Initial

Suffix (Jr., Sr., etc.)

Phone Number

Extension

Fax Number

() - () -

E-Mail Address



Authorized Signature

Date Signed

Print Name

Print Title

Complete and mail to:

New York State Department of Motor Vehicles
Impaired Driver Program
6 Empire State Plaza, Room 336
Albany, NY 12228