



ACTION WANTED:

Original Amendment

OFFICE USE ONLY	Business ID Number for Agency
	<input type="text"/>

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)

Federal Employer ID Number or Social Security Number

Address of Organizational Sponsor

Address (Continued)

City

State Zip Code - County

 -

Contact Person Last Name

Contact Person First Name Middle Initial Suffix (Jr., Sr., etc.)

Contact Person Title

Phone Number Extension Fax Number

() - () -

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

X

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