



Provider State Certification # P000709

ADULT BEHIND-THE-WHEEL CONTRACT

Life Driving Academy, LLC
650 Church Street, Suite 307 • Plymouth • MI • 48170
Phone: 248.880.8025 • Hours: Monday – Friday, 9:00 am – 5:00 pm

Name: (last) _____ (first) _____ (middle) _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Age: _____ D.O.B.: _____

Temporary Instruction Permit (TIP) #: _____ TIP Issue Date: _____ Cell #: _____

Dates/Times of BTW Instruction: _____

ADULT BTW PROVISIONS

1. Life Driving Academy will conduct the behind-the-wheel (BTW) instruction in a dual-controlled automobile that is insured by the Provider to cover your enrollment in the program.
2. You must be at least 18 years of age by the first day that behind-the-wheel instruction is given. Verification by a copy of the Temporary Instruction Permit (TIP) is required.

ADULT BTW TERMS

1. You agree to purchase: 2 hours or 6 hours or 10 hours instruction at \$_____ per (2) hour of behind-the-wheel instruction for a total of: \$_____. The total amount must be paid on or before the first BTW instruction in the form of: cash, check, or credit card.
2. A fee of \$30.00 will be charged if 48 hours advance notice is not given for a driving appointment cancellation.


REFUND POLICY

1. After the beginning of behind-the-wheel instruction, no refund shall be given.

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Do you require any special accommodations to participate in the BTW phase (e.g., adaptive devices, an interpreter, etc.)?
Yes No If Yes, please explain: _____
2. Are there any medical conditions that would pose a concern with your BTW instruction (e.g., epilepsy, color blindness, etc.)? Yes No If Yes, please explain: _____
3. Are you taking any medications that may affect his/her ability to drive a motor vehicle safely?
Yes No If Yes, please explain: _____
4. In the last six months, has you had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness?
Yes No
5. In the last six months, have you had a physical or mental condition which would affect his/her ability to drive a motor vehicle safely? Yes No

Date: _____ Signature: _____

Date: _____ Life Driving Academy, LLC By:  President
Provider Name Signature of Provider Owner Title

NOTICE - This provider is required to be certified by the Secretary of State. If you have any complaint that cannot be settled with the provider, please complete the DES-P11 Statement of Complaint form found on the Department of State website; Michigan.gov/DriverEd. Completion of driver education instruction does not guarantee qualification for a driver license.