

TRAFFIC EDUCATION PROGRAM APPLICATION

CR.10/10/08

NAME _____ MAIDEN/ALIAS: _____
(LAST) (FIRST) (MIDDLE) (JR, I)

MAILING ADDRESS: _____

(CITY) (STATE) (ZIP CODE)

SOCIAL SECURITY NUMBER: _____
SEX: _____ RACE: _____ BIRTH DATE: _____

STATE OF BIRTH: _____ AGE: _____

HOME PHONE: _____ WORK/CELL{ONE #) _____

DRIVER'S LICENSE #: _____ STATE ISSUED: _____
ANY DRIVER'S LICENSE POINTS AT THIS TIME? _____

TICKET(S) YOU ARE APPLYING TO TEP FOR:

TICKET NUMBER	CHARGE	POLICE DEPARTMENT
---------------	--------	-------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

I DO HEREBY CERTIFY THAT ALL INFORMATION GIVEN ON THIS DOCUMENT IS TRUE AND ACCURATE.

SIGNATURE _____ DATE _____

TEP STAFF _____ DATE _____