



Safety Council of Western New England
 1000 Wilbraham Road
 Springfield, MA 01109

MASSACHUSETTS JUNIOR OPERATOR LICENSE
 DRIVER ATTITUDINAL RETRAINING COURSE
 REGISTRATION FORM

Dear Motorist:

The Registry of Motor Vehicles is requiring you to complete the Driver Attitudinal Retraining Program under the Junior Operator License requirements. As classes fill very quickly, it is recommended that you register early to reserve the class date you prefer. There are three (3) ways to register:

| <u>FAX REGISTRATION</u> | <u>MAIL REGISTRATION</u> | <u>TELEPHONE REGISTRATION</u> |
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| <ul style="list-style-type: none"> Pay by credit card only. Visit our website at: www.scwne.org The website provides a full schedule of classes and a printable registration. Fax completed registration to 413-783-1042. Verification of your successful registration will be sent via e-mail. | <ul style="list-style-type: none"> Pay by credit card, personal check*, certified check, or money order. Checks or money orders must be made payable to Safety Council of Western New England. There will be a \$25.00 service charge on all returned checks. <p><i>*If you choose to pay by personal check, you will be scheduled for a class date at least 18 days from the date your check is received.</i></p> | <ul style="list-style-type: none"> Pay by credit card only. Call (413) 783-1632 Provide the office with the date(s) of the class you wish to attend, at least seven (7) days from the date of registration. <p>OFFICE HOURS: <i>Monday thru Friday 8:30 am to 4:30 pm EST</i></p> |

IMPORTANT INFORMATION:

- The cost of the program is ~~\$70.00~~ **Only \$45 for a limited time!**
- This is a four-hour course.
- The course is taught in English unless indicated otherwise.
- There will be a **\$25.00** rescheduling fee if you do not attend the class as scheduled, fail to bring the required identification, or arrive late.
- A confirmation notice will be sent to you within one business day of receipt of your registration and payment.
- You must bring the confirmation notice with you to class, along with a pen and **PHOTO ID**, such as a Learners Permit, Junior Operator License, or a school or work ID. **YOU WILL NOT BE ADMITTED INTO CLASS WITHOUT THE CONFIRMATION NOTICE AND IDENTIFICATION.**
- If you do not receive your confirmation notice within two business days prior to the date of your class, please contact the Safety Council of Western New England at (413) 783-1632 and you will be provided with a confirmation number.

PLEASE NOTE: If you are unable to attend the class as scheduled, you must notify the Safety Council of Western New England **PRIOR** to the date of the class to avoid the rescheduling fee.

COMPLETE THE FOLLOWING INFORMATION (Please print legibly):

Learners Permit Junior Operator License Permit / License Number: _____

Motorist Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Daytime Phone: _____

Email Address: _____

Please indicate your class choices in order of preference:

First Choice: _____ Second Choice: _____

The cost of the program is ~~\$70.00~~ **\$45** for a limited time and **MUST** be prepaid by personal check, money order, Visa, MasterCard, American Express, or Discover. Please note: If you send a personal check, we will register you for a class at least 18 days from the date we receive payment.

For credit card payments: Account Number: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Name as Shown on Credit Card: _____

Signature: _____ Expiration Date: ____ / ____

We require the cardholder's signature and expiration date for all credit card payments.

FOR SCWNE USE ONLY:

Reference No.: _____ Deposit Date: _____ Amount: _____