Fairfax County Police Department
Youthful Driver Improvement Program
Registration Form

Participant's Name and Date of Birth				Participant's Operators License	
LAST	FIRST	MI	DOB (MM-DD-YYYY)	NUMBER	STATE

Participant's Address			
STREET ADDRESS	CITY	STATE	ZIP

Participant's Contact Information		
HOME PHONE	CELL PHONE	EMAIL

Parental Information			
MOTHER'S LAST NAME	MOTHER'S FIRST NAME	MOTHER'S WORK OR CELL PHONE	MOTHER'S EMAIL
FATHER'S LAST NAME	FATHER'S FIRST NAME	FATHER'S WORK OR CELL PHONE	FATHER'S EMAIL

Participant's Consent

By signing your name below you acknowledge your desire to participate in the Youthful Driver program. You also agree to comply fully with all rules and regulations while attending this training. You also grant permission to have your driving record checked through DMV.

PRINT NAME	SIGN NAME	DATE

Parent or Legal Guardian's Consent (Mandatory if participant is under 18 years old)

By signing your name below you acknowledge that you are the parent/legal guardian of the above listed driver and give your permission for them to participate in this training. You understand the cost of the class is $200.00 and agree to make payment upon the start of the class.

PRINT NAME	SIGN NAME	DATE

Police Officer (Only Departmental personnel should complete information below this line)

Please collect the above information from the participant and their parents. Upon retrieval, conduct a driver's record check through DMV for license status. If the applicant fits the criteria mail this form to the track and provide a copy for the applicant.

OFFICER'S NAME	EIN	STATION	SHIFT / SECTION / SCHOOL

OFFICER'S SIGNATURE	TODAY'S DATE	DMV Record Check Completed? ☐ YES ☐ NO

OFFICER'S COMMENTS: Include reason for referral i.e. traffic stop, accident, friendly referral