

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF DRIVER LICENSES
BUREAU OF DRIVER EDUCATION AND DUI PROGRAMS**

APPLICATION FOR CONFERENCE APPROVAL

The conference must adhere to the GUIDELINES FOR ADVANCED TRAINING to be eligible.

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS APPLICATION.

1. All information must be **printed in black ink or typewritten**.
2. Complete all sections.
3. Identify all attachments with the name of the sponsoring agency.
4. If more space is needed to answer the questions, please attach and clearly label additional sheets of paper to the back of this application.

SECTION I – IDENTIFICATION DATA

1. Name of individual submitting application: _____
Last First M.I.
Title _____ Telephone: _____
2. Name of Sponsoring Agency: _____
Do not use initials or abbreviations
3. Address: _____
Box or Street

City State Zip
4. Telephone Number: _____
Area Code/Number

SECTION II – CONFERENCE DATA

1. Title of Conference:

2. Identify Target Audience: _____
3. Total Number of Contact Hours: _____
4. Date and Location of Event: _____

OR

Please submit a copy of the conference brochure / agenda, if available, ensuring that the information requested in Section II is included.

SECTION III – TRAINING METHODOLOGY

1. What procedure will be instituted to ensure that participants attend all sessions?

