

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

**APPLICATION FOR LICENSURE AS A
DRIVING UNDER THE INFLUENCE (DUI) PROGRAM**

1. Name of Organization: _____

2. List the county or counties for which you are applying for licensure as a DUI program:

3. List the circuit for which you are applying for licensure of a DUI program:

4. Is your organization a not-for-profit corporation or a governmental entity? _____.
If not-for-profit, please attach documentation of your status as a 501 corporation with the Internal Revenue Service.

5. Location of Florida Principal Business Office (include hours of operation, address, mailing address if different, judicial circuit, county and telephone number):

6. Office Branch:

(DUI services include registration, education, evaluation and special supervision services.)

List branch office locations which will be in operation at time of licensure:

A. Address, County, Phone: _____

Hours and Services Provided: _____

B. Address, County, Phone: _____

Hours and Services Provided: _____

C. Address, County, Phone: _____

Hours and Services Provided: _____

7. Classroom locations (Please identify if this County currently has a classroom or is proposed to have a classroom:)

Address	County	Phone

8. DUI program fees are determined by rule.

a) Is your organization willing to charge only the standardized ancillary fees? ___Yes ___No

9. If a not-for-profit corporation, how long has your corporation been in business? _____

10. Has your organization ever done business under a different name? _____ If so, please list all names and provide documentation.

11. Attach a list or write below the names and addresses of the members of the Board of Directors or governing board and the Program Director of the not-for-profit corporation or governmental program applying for licensure.

12. Please list the specific responsibilities of the Board of Directors or governing board of the program:

13. Please list the names and addresses of all members of the DUI Advisory Committee.

14. Provide the name and qualifications of the manager who presently works for or will be hired by the corporation to operate the DUI program.

15. Has the individual named in question number 14 ever been convicted of a felony or any crime involving violence, dishonesty, deceit, fraud, indecency or moral turpitude within the past ten years. Yes No

16. Has this organization ever filed for bankruptcy? Yes No

17. Please provide documentation of the availability of resources, including personnel, demonstrated management capability and capital and operating expenditures of the applicant DUI program.

18. Does the not-for-profit corporation or governmental program provide any other functions? If so, please list:

19. Does any part of your corporation or program provide substance abuse or mental health services? If so, Please submit copies of all DCF or DH licenses.

20. Please discuss your organization's experience in substance abuse (Add a second sheet if necessary.)

21. Is your organization willing to comply with the rules governing DUI programs? ____Yes ____No Provide documentation if applicable.

22. Is your organization willing to purchase computer software, a computer workstation, and printer, specifically approved by the DUI Programs Section, to participate in the state's centralized data system? (This centralized data system is a computer networked communication system between the DUI programs and the state DUI program office.) ____Yes ____No

23. How long do you anticipate a client will have to wait to begin the DUI program once registration is completed? (Include information about satellite offices.)

24. ATTACHMENTS:

IF YOUR ORGANIZATION IS APPLYING FOR DUI LICENSURE IN AN AREA WHERE LICENSED DUI PROGRAM DOES NOT CURRENTLY EXIST THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:

- a) An organizational chart with specific staff titles.
- b) Proof of liability coverage, including a declaration of coverage providing for notification to the Department in the event of cancellation.
- c) List of all instructors, evaluators, special supervision services evaluators and clinical supervisors job descriptions.
- d) Organization's operating policy and procedures manual.
- e) Letter of incorporation from the State of Florida.
- f) A certification of the fictitious business name if such business will be conducted under such.
- g) Sample copies of all contracts to be used by the program.
- h) A draft of all proposed advertisements to be used, including newspapers, telephone books, radio scripts, etc.
- i) Proof of occupational license, if required by law.
- j) A DHSMV approved map indicating all program sites and specific services to be rendered at each, at the time of licensure.

25. IF YOUR ORGANIZATION IS APPLYING FOR LICENSURE AS AN ADDITIONAL DUI PROGRAM IN AN AREA WHERE A LICENSED PROGRAM ALREADY EXISTS THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:

- a) An organizational chart with specific staff titles.
- b) Proof of liability coverage, including a declaration of coverage providing for notification to the Department in the event of cancellation.

- c) Proof of occupational license, if required by law.
- d) A certification of the fictitious business name if such business will be conducted under such.
- e) List of all instructors, evaluators, clinical supervisors, and special supervision services evaluators job descriptions.
- f) Organization's operating policy and procedures manual.
- g) Which documentation of the improvements in services your agency can provide as well as the services your agency can provide in addition to those currently offered by the licensed DUI program? If this includes expanded registration sites and classroom sites, list only those which will be operational upon licensure. Include your organization's experience in the provision of DUI services.
- h) Letter of incorporation from the State of Florida.
- i) A study/projection of the total number of persons in the circuit who will need services each year. All data, facts and assumptions upon which the study is based must be included.
- j) A study/projection of the number of persons who will be coming to your program each year. All data, facts and assumptions upon which the study is based must be included.
- k) A study/projection of the cost of serving this number of persons and the fees to be charged. All data, facts and assumptions upon which the study is based must be included.
- l) Sample copies of all contracts to be used by the program.
- m) A draft of all proposed advertisements to be used, including newspapers, telephone books, radio scripts, etc.
- n) A DHSMV approved map indicating all program sites and specific services to be rendered at each, at the time of licensure.

Return completed form with all attachments to:

Department of Highway Safety and Motor Vehicles
 Division of Driver Licenses
 Bureau of Driver Education and DUI Programs
 B-214, Neil Kirkman Building – MS88
 Tallahassee, FL 32399-0571

I ACKNOWLEDGE THAT TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE CANCELLATION OF MY LICENSE TO CONDUCT A DRIVING UNDER THE INFLUENCE PROGRAM IN THE STATE OF FLORIDA.

Signature

Type/Print Name

Title

Date