

## **MOTOR VEHICLE DEALER BOARD**

### **APPLICATION FOR PRE-LICENSING EDUCATION PROGRAM PROVIDER**

#### **APPLICATION INSTRUCTIONS**

**A. For either an Original Application or a Renewal Application, you must complete the entire form. Please print legibly or type the information.**

**B. Do not leave any item blank. If a requested item does not apply, respond with “NA” (not applicable).**

**C. Staple or otherwise firmly attach or carefully enclose any additional pages or materials for any of the following reasons: 1) when you need additional space to fill in the information in the Application; 2) when you respond to a request in the Application to include specific additional materials; and, 3) if you decide to include materials that the Application does not require. Whenever you provide additional materials, be sure to do the following:**

**i. In each numbered section of the Application that relates to the contents of the attachment, print legibly or type the words, “See additional page(s) attached,” or “See [name of document] attached”;**

**ii. At the top of each additional page, or on the first page of a multi-page attachment, print legibly or type the Applicant’s full legal name; and,**

**iii. On each additional page, or on the first page of a multi-page attachment, reference each numbered section of the Application to which the additional materials apply.**

**D. The Executive Secretary may request additional information from you. In that event, he or she will send you a letter requesting the needed information together with a deadline by which you must either submit a written response or arrange, in writing, with the Executive Secretary to extend the deadline. Failure to respond to a request for additional information may result in the Application being denied.**

**E. If you decide after you have submitted the Application that you need to modify or add to the Application, you may submit to the Executive Secretary a signed letter containing the additional or changed information. Provided the letter reaches the Executive Secretary before he or she completes the Application evaluation and acts upon it, the additional information will be considered.**

**F. If you have any questions about the Application process, please correspond with the Executive Secretary at the address below or telephone him or her at (303) 205-5604.**

**G. Mail or deliver the completed, signed Application, together with all attachments and enclosures, to the following address:**

**Attn.: Executive Secretary, Motor Vehicle Dealer Board  
Colorado Department of Revenue  
Auto Industry Division  
PO Box 17087  
Denver, Colorado 80217-0087**

## APPLICATION

1. Check the type of Application that applies (*Mark only one*):

- Original Application                       Renewal Application

2. Check the type of Training Program that applies (*Mark only one*):

- Application is for only a Motor vehicle related Pre-licensing Training Program.  
 Application is for only a Power sports vehicle related Pre-licensing Training Program.  
 Application is for both a Motor vehicle and Power sports related Pre-licensing Training Program.
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3. Full Legal Name of Applicant:

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4. If the Applicant is part of another legal entity, state the full legal name of that entity:

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5. Colorado Business Mailing Address:

Street or P.O. Box \_\_\_\_\_

City: \_\_\_\_\_ State: Colorado Zip Code: \_\_\_\_\_

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6. Telephone Number of Applicant in Colorado:

\_\_\_\_\_

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7. Email address (if any) of Applicant: \_\_\_\_\_

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**8. Website Address (if any) of Applicant:** \_\_\_\_\_

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**9. Additional Business Location(s) within or outside of Colorado (give complete address(es)):**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**10. List each Contact Person (i.e., each person authorized to respond on behalf of the Applicant):**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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**11. List each location, by address (street, city, zip code), in Colorado where the Applicant plans to provide the Pre-licensing Education Program:**

**Location # 1:** \_\_\_\_\_

**Location # 2:** \_\_\_\_\_

**Location # 3:** \_\_\_\_\_

**Location # 4:** \_\_\_\_\_

**Location # 5:** \_\_\_\_\_

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12. Provide the information in the table below for each person who is currently involved in or who will be involved in each of the following categories related to the Applicant:

- A. The ownership of the Applicant or the Program;
- B. The Management or Administration of the Program;
- C. The Curriculum Development of the Program; and,
- D. The Instruction or Training provided in the Program.

Full Legal Name	Program Involvement (Instructor, Owner, etc.)	Date of Birth	Home Address	Phone Number

**13. Pre-licensing Education Program Provider Experience**

**A Pre-licensing Education Program must demonstrate that the Pre-licensing Education Program Provider meets the specific experience requirements set out in relevant regulations. For Motor Vehicle related pre-licensing education, the specific requirements of 1 CCR 205-1, Regulation Number 44-20-118(7)(f)(II)(2) apply. For Power sports Vehicle-related pre-licensing education, the specific requirements of 1 CCR 205-2, Regulation Number 44-20-417(7)(f)(II)(2) apply. With respect to whichever Regulation is relevant to the Application, provide specific details that qualify the Pre-licensing Education Program Provider, including the actual experience, the manner in which it was acquired, and the time frame(s) across which the experience was acquired. Also, provide at least one business reference who can be contacted to verify the recited experience.**

Provider's Full Legal Name	Provider's Specific, Relevant Qualifications	Reference for Qualifications (Name, Title, and Phone #)

14. Describe the manner in which the Applicant will provide the required eight (8) hours of classroom instruction:

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15. Attach a detailed outline of the curriculum, including the specific Federal and State Statutes and Regulations to be covered. (In lieu of a detailed outline, you may attach a copy of the full curriculum, if available.)

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16. Provide copies of any routine educational materials that will be made available to program participants, whether prior to, during, or subsequent to the classroom attendance time.

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17. Provide copies of any optional educational materials that will be made available to program participants as supplements, enhancements, or enrichments in addition to routine educational materials.

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18. Detail the testing protocols and baselines of achievement that will be used to ensure that a program participant has successfully learned the material:

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19. Describe the specific methods that the Applicant's Pre-licensing Education Program will use consistently to establish the identity of each participant in the Program:

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20. Describe the specific methods that the Applicant's Pre-licensing Education Program will use consistently to verify that any test or examination validating achievement in the Pre-licensing Education Program is taken by the individual participant whose identity had been established and not taken by some other person:

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**APPLICANT'S STATEMENT OF UNDERSTANDING**

**I DECLARE THE FOLLOWING:**

- A. I HAVE THE AUTHORITY TO SUBMIT THIS APPLICATION TO THE MOTOR VEHICLE DEALER BOARD;**
- B. I HAVE READ THE APPLICATION AND ITS ATTACHMENTS (IF ANY); AND,**
- C. THE INFORMATION PROVIDED IN THE APPLICATION AND ITS ATTACHMENTS (IF ANY) IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.**

<b>Printed Full Legal Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

**THIS AREA FOR EXECUTIVE SECRETARY USE ONLY**

**Missing items and/or additional information requested:**

Request Date: \_\_\_\_\_ Response due date: \_\_\_\_\_

Response Date: \_\_\_\_\_ Date of either  Approval or  Rejection: \_\_\_\_\_