## NYSP AGENCY SCHEDULE FORM

## This course is OPEN to the general public

CODE #: 18/	AGENCY NAME:			SIGNATURE:				
	AGENCY PHONE:_()		AGENCY FAX:_(	)	Email: _			
INCOMPLE		DEPT. OF MOTOR VEHICLES AND N LE FORMS MAY RESULT IN T					EPORTING	
COUNTY	CITY	CLASSROOM ADDRESS AND ZII	P CODE CLASS DATE (S)	DAY(S) OF WEEK	TIMES OF CLASS	INSTRUCTOR (Full Name)	WHEEL CHAIR ACCESSIBLE (PLEASE CHECK)	
		ZIP			From: To:			
	THESE CLAS STUDY GUI	SES ARE OFFERED IN THIS LANG DES MUST BE ORDERED AT L	UAGE (OTHER THAN E EAST 2 WEEKS IN A	NGLISH) DVANCE O	F YOUR NEXT S	, (PLEASE CHECK BO		

WE ENCOURAGE YOU TO SCHEDULE YOUR CLASSES UP TO ONE YEAR IN ADVANCE BY FAX (718) 748-5433 OR MAIL TO NYSP, 8302 FIFTH AVENUE, BROOKLYN, NY 11209

\*PLEASE NOTIFY NYSP BY FAX OR MAIL IF CLASSES ARE CANCELLED OR POSTPONED\*

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