

**APPLICATION FOR DEFENSIVE DRIVING COURSE  
PUBLIC SUB-AGENCY STATUS IN SOUTH LOUISIANA**

Organization Name \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Years in Business: \_\_\_\_\_ No. Employees: \_\_\_\_\_

NSC Member #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Instructor Experience: \_\_\_\_\_

1. Describe your current and prospective customer base:

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2. Describe other training your company provides:

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South Louisiana Chapter  
New Orleans

3. Which NSC Defensive Driving Course(s) are you interested in presenting?  
(Check all that apply.)
- Defensive Driving 4-Hour (DDC-4)
  - Defensive Driving 8/6-Hour (DDC-8/6)
  - Defensive Driving Alive at 25 (DDC-A25)
  - Defensive Driving Professional Truck Driver (DDC-PTD)
4. What organizations are you planning to market defensive driving courses to?
- Business
  - Courts
  - General Public
  - Petrochemical industry
  - Trucking Fleets
  - Other:  
\_\_\_\_\_
5. Name the Louisiana parishes where you would market defensive driving courses?  
\_\_\_\_\_  
\_\_\_\_\_
6. How many students do you plan to teach the defensive driving courses annually?
- \_\_\_ 100-200      \_\_\_ 200-500      \_\_\_ 500-1000      \_\_\_ 1000+
7. How many instructors do you plan to certify for defensive driving? \_\_\_\_
8. Send an original liability insurance certificate (listing the National Safety Council, South Louisiana Chapter as a certificate holder) along with this application.
9. Dun & Bradstreet Number: DUNS \_\_\_\_\_

**Note:** Upon approval, you will be contacted to register for the Instructor Development Course. Please refer to requirements on the DDC IDC flyer under "Instructor Requirements". If you have further questions, please contact us at (504) 888-7618.

Signature  
Rev. 09/08bt

Date



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