

## APPLICATION FOR APPROVAL REMEDIAL PROGRAMS

### A. Please complete both sides of the application. Print in ink. *Must provide separate form for each program.*

Application for DIP Program - \$300.00		Application for 3 Hour Alcohol/Drug Program - \$200.00		
Change of Address DIP Program		Change of Address 3 Hour Alcohol/Drug Program		
Add DIP Branch		Add 3 Hour Alcohol/Drug Branch		
Application for DIP Internet Program - \$300.00		Application 3 Hour Alcohol/Drug Internet Program - \$200.00		
Video Use/Curriculum Changes		Other: _____		
Name of Provider		Provider Number		
Street Address	City	County	State	Zip Code
Phone Number	Fax Number	Email Address (must provide)	Web Address for Online Only	

### B. Fill out this section for change of Address/Email/Phone Number only

Old Site Address	City	County	State	Zip Code
New Location Address	City	County	State	Zip Code
Business Phone		Program Email Address		
<p>Yes      No</p> <p>Has the applicant been previously approved as a provider?</p> <p>    If yes, was the approval canceled?</p> <p>    If yes, when? _____</p> <p>Has any owner, partner or corporate officer listed ever been convicted of any violation of Motor Vehicle laws in any state or territory?</p> <p>    <b>If yes, please explain in section D.</b></p> <p>Has any owner, partner or corporate officer listed ever been convicted of a crime, other than traffic violations, in any state or territory?</p> <p>    <b>If yes, please explain in section D.</b></p> <p>Are any owners, partners or corporate officers currently employed by the State of Maryland?</p> <p>    If so, which agency? _____</p>				

**C. List all Owners, Partners and Officers of Corporation below. All fields must be completed for each entry.**

Name		Position		Driver's License Number	
Street Address		City	County	City	Zip Code
Date of Birth	Phone Number		Email Address		
Name		Position		Driver's License Number	
Street Address		City	County	City	Zip Code
Date of Birth	Phone Number		Email Address		
Name		Position		Driver's License Number	
Street Address		City	County	City	Zip Code
Date of Birth	Phone Number		Email Address		

**D. If your request requires additional information, please provide it in the section below.**

--	--

**Certification of Signator(s)**

It is illegal to give false or fictitious information to obtain approval as a provider. Since this certification is considered part of the application, anyone who provides or certifies to a false or fictitious statement or information herein may be prosecuted and/or have their approval canceled.

_____ Applicant's Signature	_____ Date
_____ Co-Applicant's Signature	_____ Date
_____ Co-Applicant's Signature	_____ Date