MARYLAND DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE ADMINISTRATION

6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

DE-150 (07-26)

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 Driver Improvement Program (DIP) - $300.00
- ☐ Change of Address - DIP
- ☐ Add DIP Branch
- ☐ Application for DIP Internet Program - $300.00
- ☐ Video Use/Curriculum Changes
- ☐ Application for 3-Hour Roadway Safety Driver Education Program (RSDEP) - $200.00
- ☐ Change of Address - RSDEP
- ☐ Add RSDEP Branch
- ☐ Application for RSDEP Internet Program - $300.00
- ☐ Other: _____

Name of Provider	Provider Number

Street Address	City	County	State	Zip Code

Phone Number	Fax Number	Email Address	Web Address (Online Only)

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

Old Site Address	City	County	State	Zip Code

New Site Address	City	County	State	Zip Code

Business Phone	Program Email Address

Yes	No	
☐	☐	Has the applicant been previously approved as a provider?
☐	☐	If yes, was the approval cancelled?
		If yes, when? _____
☐	☐	Has any owner, partner or corporate officer listed ever been convicted of any violation of Motor Vehicle laws in any state or territory?
		If yes, please explain in **Section D.**
☐	☐	Has any owner, partner or corporate officer listed ever been convicted of any crime, other than traffic violations, in any state or territory?
		If yes, please explain in **Section D.**
☐	☐	Are any owners, partners or corporate officers currently employed by the State of Maryland?
		If yes, which agency? _____

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

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

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

Name	Position	Driver's License Number		
Street Address	City	County	State	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 Signatory(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 false or fictitious statement or information herein may be prosecuted and/or have their approval cancelled.

Applicant's Signature Date

Co-Applicant's Signature Date

Co-Applicant's Signature Date