

# PIPP 6-HOUR POINT INSURANCE REDUCTION PROGRAM

### STUDENT REGISTRATION FORM

# PRINT THE FOLLOWING INFORMATION CLEARLY. YOUR NAME MUST MATCH YOUR DRIVER'S LICENSE!

Last Name:	First Name:	Middle Initial:	
Home Phone:	Work Phone:		
Date of Birth:		_ Gender: Male Female	
Email address for renewal re	minder:		
Motorist Identification Numb	per (Driver's License Number:		
Is this a New York driver's lice	ense? YES NO If <u>NO</u> what state	?	
This class completion Date: .			
Classroom Address: ———			
City:	State:	Zip:	
School Name:	Co	Code #:	
Current Mailing Address (cer	tificate will be mailed here):		
Address:	Apt:		
City:	Zip Code	e	
FILING A FALSE DOCUMENT	INT & INSURANCE REDUCTION PROGRAM AWITH A PUBLIC AGENCY IS PUNISHABLE BY AT ASI CAN ONLY REPORT THIS COMPLETION THER STATE.	Y A CLASS E FELONY AND FINE.	
Student Signature:		Date:	

\_\_\_\_\_ Date: \_\_\_\_

Agent/Instructor Signature:



## **STUDENT COURSE EVALUATION FORM**

#### PLEASE TAKE A FEW MOMENTS AND FILL OUT THIS EVALUATION FORM.

Your input is greatly appreciated. Please keep in mind ASI nor the instructor has any control over the curriculum requirements or the length of the course.

7.	Was your instructor: Knowledgeable/Professional? Prepared? YES NO		
2.	Including yourself, how many students attended this class?		
<i>3</i> .	Describe something you learned today, that you didn't know before you came to class.		
4.	Any suggestions on what we need to improve or change about our course?		
<i>5</i> .	Our student workbook?		
6.	What does the instructor need to improve or change?		
7.	Will this course help you improve or change your driving habits? YES NO		
8.	Would you recommend this course to friends? Clubs? Organizations? YES NO Why or why not?		
9.	Other comments/suggestions:		