

Primary Driving Control Registration



Dealer Information

Company Name:				Date:
Address:	City:	State:	Zip:	Purchase Order Number:
Phone Number:		Fax Number:		

50-Mile Test-Drive To Be Performed by:

<input type="checkbox"/> Dealer <input type="checkbox"/> ASC (Dealer must provide proof of insurance & license plate)

End User Information: (IN ORDER FOR EMC TO COMMUNICATE IMPORTANT INFORMATION ABOUT YOUR SYSTEM, YOU MUST FILL OUT ALL FIELDS COMPLETELY).

Name:			
Address:	City:	State:	Zip:
Phone Number:	Driver's License Number:		
Driver's Disability:	E-mail Address:		

Driver Evaluation

Driver Educator:	Evaluation Date:
Driver Educator Company Name:	Phone Number:
Driver Educator Signature:	Date Signed:

Vehicle Information

Vehicle Year	Make:	Model:
Vehicle Mileage:	Vehicle Identification Number:	

As the registered dealer having sold the aforementioned primary driving control, I certify that all of the information given is correct to the best of my knowledge.

Dealer Name (print):	Dealer Signature:	Date:
----------------------	-------------------	-------