

# Defensive Driving Course

New Location ISD – Information Services Department

Hours: Friday 9am-11:30am, 1:30-4:00pm.

Call Carol Loar @ 5777 to schedule an appointment.

(Hours subject to change. Please call ahead to confirm time.)

## GUIDELINES & INFORMATION

NSC DEFENSIVE DRIVING II IS A SELF-PACED COURSE WHICH INCLUDES A PRE-TEST AND POST-TEST WITH A PASSING SCORE OF 80% OR BETTER.

1. Registration forms may be picked up at EMRTC Complex, ISD, Cashier Window, or from your Department heads on campus.
  2. Registration forms must be completed with a proper account number and authorized signature or a receipt from NMT cashier window showing payment.
  3. Take the completed registration form to Carol Loar at ISD Room 103 where you will be provided with the login information to obtain access to NSC Defensive Driving II website.
  4. Upon completion of the NSC Defensive Driving II test you will be required to take a Van Roll Over test. This test is not available online and must be taken at ISD. The Van Roll Over test takes about 20 minutes to complete.
  5. Once you have completed both tests your paperwork will be sent by ISD to Ray Tobin at EMRTC for processing.
  6. Certificates will be mailed out on a weekly basis.
- **If payment is not complete or you have not completed one or both tests, a certificate will not be issued.**

In conjunction with a valid driver's license, the National Safety Council Defensive Driving Course is approved by the State Motor Vehicle regulations GSD-90-202. Item 8-State vehicle operator privileges for state officers or employees who operate a state vehicle.

**EMRTC Visitor Control: (505) 835-5312 Fax (505) 835-5630**

# DDC REGISTRATION FORM 2007

1. \_\_\_\_\_  
DRIVERS LICENSE NUMBER (*Must be a valid USA Driver's License*)
2. \_\_\_\_\_ SSN: \_\_\_\_\_  
LAST NAME
3. \_\_\_\_\_ 4. \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL
5. \_\_\_\_\_ 6. \_\_\_\_\_  
MAILING ADDRESS ON DRIVER LICENSE WHERE CERTIFICATE SHOULD BE SENT
6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
CITY STATE ZIP CODE
9. \_\_\_\_\_ 10. \_\_\_\_\_  
HOME PHONE WORK PHONE
11. \_\_\_\_\_  
EMAIL ADDRESS

COURSE FEE \$40.00

PLEASE CHECK THE FOLLOWING FOR PAYMENT

(NMT cashiers information only cash deposit account number 230084-560000)

CASH \_\_\_\_\_

FUND # \_\_\_\_\_

IF PAYMENT IS TO BE MADE USING A NMT ACCOUNT NUMBER, SUPERVISORS  
AUTHORIZATION IS REQUIRED

\_\_\_\_\_  
SUPERVISORS NAME (PRINT) DEPARTMENT

\_\_\_\_\_  
SUPERVISOR SIGNATURE DATE

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**The following will be completed at EMRTC:**

\_\_\_\_\_  
COURSE COMPLETED

\_\_\_\_\_  
INSTRUCTOR SIGNATURE

\_\_\_\_\_  
INSTRUCTOR NUMBER