AJA DUI SCHOOL, Inc.

DBA/ One of a Kind Counseling Center

6 /8 hour Defensive Driving Class

1. **Full Name:** _____

   (How it is written on driver license)

2. **Tel #:** _____

3. **Reason for taking course:** (check one)

   - Need to take back to court:
   - Reduce up to 6 points:
   - Reinstate Driver's License:
   - Insurance Rate Reduction:

   Other: _____

4. **Driver's License #:** _____ **State:** _____

5. **SSN #:** _____**Gender:** F / M **Birthdate:** _____ / _____ / _____
   (SS# needed to match the records with the DDS / DMV)

6. **MUST fill out if you DO NOT have a GA license:**

   Address: _____

   City: _____ State: _____ Zip code: _____

7. **Date of the class trying to take:** _____

8. **Willing to travel to one of our other schools?** Y / N

   Circle other. Austell: Kennesaw: Marietta:

9. **When is the course needed by?** _____

Consumer Signature: _____

Today's date: _____

CONTRACT NUMBER

__ __ __ __

AJA DUI SCHOOL

DDS CLINIC CERTIFICATION **# DI** __ __ __ __

Name: _____ Date(s) of Class: _____

Address: _____ Time(s) of Class: _____

_____ Class Location: _____

Date of Birth: _____ _____

Driver's License No.: _____ Course Intent: ____DEFENSIVE DRIVING _____

Telephone No.: _____ Amount Paid: $95.00_____

I, the undersigned student, agree to complete the above course, consisting of ___6_ sessions for ___1___ hours each, totaling ___6__ hours of instruction by the above-name driver improvement clinic. It is understood that this Clinic is certified by the Georgia Department of Driver Services (DDS) in accordance with Georgia Law Title §40-5-80 (DRIVER IMPROVEMENT ACT) and the rules and regulations adopted there under and that each instructor is certified by the DDS. This course is approved by the DDS.

The student's successful completion of the above-named course requires each of the following:

1. Attendance at all classes sober and free from illicit drugs.
2. Attendance on time for all sessions.
3. Reasonable attentiveness and participation in all classes.
4. Attendance at all sessions unless medically excused.
5. All sessions must be completed within 60 days.
6. Successfully passing a written or oral examination with a grade of at least 70.

This driver improvement clinic will not refund any tuition or part of tuition if the Clinic is ready, willing, and able to fulfill its part of this contract. I understand that if I fail to comply with the terms and conditions of this agreement, I am in breach of contract and the school will not be under any obligation to fulfill the terms of this contract, and may, at its option, terminate this agreement immediately.

It is agreed that an owner, instructor, or employee of this Clinic shall not give the impression to a student that upon completion of their instruction this Clinic will guarantee the securing of a driver's license to operate a motor vehicle. However, immediately upon the student's successful completion of the course as described above, the Clinic agrees to provide certification of said completion to the student.

This Clinic has and will maintain for the protection of the contractual rights of the student a performance bond in the principal sum of ten thousand ($10,000.00) dollars for the students to be written by a company authorized to do business in the state of Georgia.

This agreement constitutes the contract between the above-named driver improvement clinic and the above-named student and no verbal statements will be recognized.

Signature of Student Date

Signature of Authorized Clinic Representative Date