



Mister B's Driving Academy, LLC
324 East Maumee Street, Adrian 49221
517.902.7672 info@MrBDrives.com

Office Hours: 9am – 5pm Monday-Friday

Michigan Department of State Certification: # P000690

ADULT BEHIND-THE-WHEEL CONTRACT

Student Name: _____
 First Middle Last

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Phone: _____ Email: _____

License/Permit #: _____ Issue Date: _____ Expiration Date: _____

Emergency Contact: _____ Phone: _____

COURSE PROVISIONS

Mister B's Driving Academy, LLC will provide behind-the-wheel (BTW) instruction in a dual controlled automobile that is insured by the Provider to cover your enrollment in the program. You must be at least 18 years of age by the first day that behind the wheel instruction is given. Verification by a copy of the Temporary Instruction Permit (TIP) or valid license is required.

REQUIRED LANGUAGE

NOTICE: This provider is required to be certified by the Secretary of State. If you have any complaint that cannot be settled with the provider, please complete the Driver Education Complaint form found on the Department of State website: www.michigan.gov/DriverEd. Completion of driver education instruction does not guarantee qualification for a driver license.

TERMS

- You agree to purchase driving instructions at \$_____ per hour, for a total of \$_____. Mister B's accepts cash, check or credit card.
- Dates of drives, time of drives, and pick up location: will be agreed upon between Mister B's Driving Academy and student.
- In the event of a driving appointment cancellation, a cancellation fee of \$25 will be charged.

REFUND POLICY

Once the BTW instruction begins, no refund will be issued.



ACCOMMODATIONS/MEDICAL CONDITIONS

1. Do you require any special accommodations to participate in the behind-the-wheel phase (i.e. adaptive devices, an interpreter, etc.)? Yes No If Yes, please explain: _____
2. Are you taking any medications that may affect your ability to drive a motor vehicle safely?
Yes No If Yes, please describe _____
3. Are there any medical conditions that would pose a concern with your behind-the-wheel instruction (epilepsy, color blindness, hearing loss, etc.)? Yes No If Yes, please explain: _____
4. Is your visual acuity at least 20/40 corrected? Yes No
5. In the last six months, have you had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness?
Yes No
6. In the last six months, have you had a physical or mental condition which affected your ability to drive a motor vehicle safely? Yes No If Yes, please explain: _____

If the answer to question 4 is no, or either of questions 5 or 6 is yes, then you must provide a letter signed by your physician indicating that the condition has been corrected and/or is under control, and that you meet the physical and mental requirements for a motor vehicle operator's license under Section 309 of the Michigan Vehicle Code, 1949 PA 300, MCL 257.309.

Student Signature

Date

Mr B's Representative Signature

Date of Contract