

ALL PAPERWORK NEEDED FOR DRIVING SCHOOL COURSES

SELECT A COURSE

- 45-HOUR COURSE (\$545) 3-HOUR REFRESHER COURSE (\$150)

STUDENT FULL NAME: _____

- 1. Attend Welcome Aboard Brief:** MON: 7:30 AM – Noon, TUE: 10 AM - 12:45 PM, WED: 9:30-10 AM - Bus Tour Admin (Shuttle bus will be in front of the Sakura Theater) , 10 AM - 4 PM - Bus Tour)
- 2. Command letter:** All E-5's and below must have a letter from their respective unit CO authorizing licensing for vehicles. (Format is in attachments)
- 3. Marine Net Drivers Awareness Training:** Personnel under 26 years of age on active duty must complete the Drivers Awareness Training (CMCSDDAT01) on Marine Net.
- 3a. For Navy personnel:** The AAA Driver Improvement (DIP) course on ESAMS, Driver for Life course on the Navy Knowledge Online (NKO)/ Navy e-learning website or the equivalent course offered by Station Safety.
- 4. Have a copy of Orders and area clearance**
- 5. Eye exam** that is within 1 year
- 6. Have a filled out MCCS Driving School Registration form**
- 7. Have all documents reviewed** by the Driving Instructor, via email or by physically bringing to the Driving Instructor no later than (2) business days prior to starting date.
- 8. After all documents have been reviewed by the Driving Instructor, provide copy of payment receipt** with student's name on the receipt by email or by physically bringing a copy to the Driving Instructor.
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- 9. After passing 39-hour written test, Complete SOFA test:** WED: 8-9:15 AM - SOFA Test at Sakura Theater
- 10. Go to Pass & Registration to get your learners permit Friday after passing SOFA test**
- 11. Schedule 6 hours BTW** with MCCS Driving Instructor
- 12. Pass Driving Exam** to earn Certificate of completion
- 13. Take certificate of completion to Pass & Registration to get your SOFA license.**

ACTIVE DUTY



DRIVING SCHOOL

COURSE: <input type="checkbox"/>	45-Hour	<input type="checkbox"/>	3-Hour Refresher
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STUDENT: Last Name _____ First Name, MI _____

STUDENT EMAIL: _____ **STUDENT PHONE:** _____

SPONSOR/UNIT: Last Name _____ First Name _____

SPONSOR PHONE # Cell _____ Duty _____ Home _____

SPONSER EMAIL: _____

STATUS: Active Duty DOD Civilian DOD Dependent MIL Dependent Other _____

ORGANIZATION: USMC NAVY USAF ARMY OTHER _____

The Paent/Guardian, Spouse, Military, Contractor and/or Civilian Dependent agree to the following policy and procedures of MCCS Iwakuni (PLEASE READ AND INITIAL the "Agreement"):

1. (_____ INITIALS) I am 18 years of age or older and qualified to register OR the parent and/or guardian hereby consents, agrees and is signing this Agreement consenting to their minor's participation.
2. (_____ INITIALS) I am a U.S. Status of Forces Agreement (SOFA) member or an individual with SOFA status.
3. (_____ INITIALS) I must satisfactorily complete all 18 classroom chapters, totaling 39 hours of classroom and 6 hours of Behind the Wheel (BTW) instruction for a total of 45 hours.
4. (_____ INITIALS) Sickness/Emergencies are the only excepted reasons for absence from class, and these require documentation.

5. (_____INITIALS) Students are required to review the Iwakuni Drivers Manual prior to the start of the classroom instruction. All classroom materials and lectures will be administered in English only.
6. (_____INITIALS) A Learner's Permit is required for the student to operate a motor vehicle with an instructor during the course and must be acquired after they pass the written exam. The permit is MANDATORY. The Driving Instructor will explain permit process on the first day of class. The sponsor's affiliation determines which activity issues the permit. Learner's permits are issued for up to 90 days.
7. (_____INITIALS) To successfully pass the classroom instruction, the student must score 90% or higher on the written exam. Students will have two opportunities to pass the written exam. If they do not successfully pass the written exam in the first two attempts, they will be required to enroll in the next available 2-hour refresher course which consists of classroom review and the written test. FOR A FEE OF \$50.00
8. (_____INITIALS) Classroom instruction includes 39 hours of instruction. The course consists of 18 Units, including: Ch1 Welcome to Your Driving Career, Ch2 Knowing Your Vehicle, Ch3 Vehicle Space Needs, Natural Laws, and Traction, Ch4 Starting, Steering, and Stopping, Ch5 Signs, Signals, Road Markings, and Communication, Ch6 Traffic Laws and Rules of the Road, Ch7 Vision and Perception, Ch8 Time and Space Ch9 Changing Lanes, Turning, and Parking, Ch10 Sharing the Road, Ch11 Intersections and Freeway Driving, Ch12 Alcohol and Driving, Ch13 Drug-Impaired Driving and Illness, Ch14 Distracted Driving, Ch15 Drowsy Driving, Sleep, and Emotions, Ch16 Driving Conditions and Environments, Ch17 Emergency Situations, and Ch18 Fuel-Efficient Driving and Tire Safety
9. (_____INITIALS) If the student successfully passes the written exam, they will proceed to the Behind the Wheel (BTW) segment of the course, which will consist of the student driving BTW for at least 6 hours. BTW will include: 1) Basic Vehicle Control; 2) Parking & Braking; 3) Speed selection; 4) Looking Ahead for Potential Hazards; 5) Following Skills & Space Management, and 6) Driving in Different Conditions & Traffic on the roadways of Marine Corps Air Station Iwakuni.
10. (_____INITIALS) BTW Evaluation. I understand that I will be evaluated on my driving skill after completion of the required 6 hours of BTW training. I will have 2 chances to pass the BTW exam. Instructor will annotate on your evaluation sheet with a "PASS" or "FAIL". If I do not successfully pass the driving exam in the first two attempts, I will be required to enroll in the 2-hour refresher course which consists of Behind the Wheel review and a driving exam. FOR A FEE OF \$50.00.
11. (_____INITIALS) Upon completion of the class, the student will be issued a CERTIFICATE OF COMPLETION from the MCCS Driving Instructor. However, the Pass and Registration Office will issue your SOFA (USFJ form4EJ) driver's license.

12. (_____ INITIALS) CELL PHONES, IPADS and electronic devices are PROHIBITED during the course instruction and BTW. This is a classroom environment, and students will act accordingly. Disruptive behavior, harassment, cell phone/tablet/electronic device use will not be tolerated. Students will be given a verbal warning for first offenses; however, consistent disruptive behavior could result in expulsion from the course. In this instance, the cost for the course is non-refundable.

13. To better assist our instructors, please list any health/learning impairments that our instructors should be aware of, if you would prefer to have the MCCS Driving School Program Coordinator contact you directly, please fill in Box # 3.

1. _____

2. _____

3. (Contact info) _____

14. (_____ INITIALS) MCCS *recommends* that you obtain motor vehicle insurance and maintain this insurance while a student in this course. MCCS is not responsible for providing insurance for the student driver taking a driver education course with MCCS. MCCS only maintains insurance coverage for the Driving School Instructor.

15. (_____ INITIALS) I understand and agree that I may be held liable for any damage, injury or loss to the United States Government or its property that is caused by my operation of a government owned vehicle as part of this course or my own negligence, misconduct, or fraud during this class. Furthermore, I understand and agree that I may be held liable for any damage, injury, or loss to any third party that is caused by my operation of a government owned vehicle as part of this course or my own negligence, misconduct or fraud during this class. If the loss to the Government exceeds two thousand five hundred dollars (\$2,500.00), then the student will at a minimum be responsible in an amount of \$2,500.00. Finally, I promise to indemnify the United States Government and any of its agents or assigns for any cause of action arising out of my operation of a government owned vehicle as part of this class, my own negligence, misconduct or fraud while taking any MCCS Driving School course aboard Marine Corps Air Station Iwakuni or while participating in this course.

16. (_____ INITIALS) [*If participant is a minor, a parent or legal guardian must read and initial after each paragraph herein AND must provide a signature in the block below.*] I, as the parent or legal guardian of the undersigned minor student, hereby agree to indemnify the United States Government, USMC, MCCS and all of its agencies, departments and employees against any and all liability, claims, suits, losses, costs, and legal fees caused by, arising out of, or resulting from either the minor's participation in the MCCS Driving School course, the minor's presence aboard Marine Corps Base, Iwakuni, or any negligent act by the minor while behind the wheel or participating in the MCCS Driving School course.

17. (_____ INITIALS) * Only after the Driving Instructor has reviewed all required documents; can payment be made. After payment has been made, email or bring a copy of the Payment Receipt with student's name on the receipt to the MCCS Driving Instructor.

Refunds will only be granted to individuals or groups who cancel their course prior to or on class start date. After such time refunds will not be granted)

18. I CONFIRM THAT I HAVE READ AND UNDERSTOOD EACH PARAGRAPH PRIOR TO SIGNING THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I HAVE AGREED AND INITIALED ALL ITEMS THAT INVOLVE MCCS POLICIES, PROCEDURES AND THE AGREEMENTS CONTAINED HEREIN.

Student Signature: _____

Printed Name of Student: _____

Student's Date of Birth: _____

Today's Date: _____

Signature of Parent / Legal Guardian: _____

Printed Name of Parent / Legal Guardian: _____

Today's Date: _____



DRIVING SCHOOL

VISION REPORT

This section must be completed by the customer.

FIRST NAME	MIDDLE NAME	LAST NAME

VISION REPORT: This section must be completed by Clinic Staff:

Vision without Glasses	Vision with Glasses	Field of Vision in horizontal meridian	Indicate any vision restrictions required:
Right Eye 20/ _____ Left Eye 20/ _____ Both Eyes 20/ _____	Right Eye 20/ _____ Left Eye 20/ _____ Both Eyes 20/ _____		
Minimum Vision Requirements (with or without corrective lenses): No less than 20/40 in the best eye OR no less than 20/70 in the best eye and field of vision at least 140 degrees.			Follow up in:

Clinic Staff Printed Name: _____

Clinic Staff Signature: _____ Date: _____