

CIVILIAN DOCUMENTATION FOR 3-HR REFRESHER COURSE

☐ 3-HOUR REFRESHER COURSE (\$150) ☐ 1 ADDITIONAL HOUR (\$30) ☐ 2 ADDITIONAL HOURS (\$40)

STUDENT FULL NAME: _____

1. ☐ **DRIVER EDUCATION:** Provide proof of attending an accredited 45 hour Driver Education course.
2. ☐ **STATESIDE LEARNERS PERMIT:** Provide a copy of a non-expired "Learner's Permit" from the U.S. or authorized country. (Authorized countries have a reciprocal agreement with Japan)
3. ☐ **DRIVING PRACTICE:** Have a state approved driving hours log sheet showing that you have already driven at least 40 daylight hours and 10 nighttime hours, verified & signed off from a licensed adult 21 years or older
4. ☐ **ATTEND WELCOME ABOARD BRIEF/SOFA TEST:** You must attend the WAB and take the SOFA test. WAB is given Mondays: 7:30 AM – TBD at Sakura Theater. The SOFA test is being held on Tuesdays at the Sakura Theater. (Do not take SOFA test more than 60 days before course start date for SOFA License renewals.) If you have a valid SOFA License and do not need to renew your SOFA, you do not need to retake the SOFA test for the 1 and 2 hour Refresher courses.
5. ☐ **PROOF OF SOFA STATUS:** Have a copy of Military orders, Area clearance, or Letter of Employment with participants name on the document.
6. ☐ **VISION:** Complete an eye exam within 1 year of course start date. (Basic exam which may not require optometrist)
7. ☐ **TEENS:** Parents or guardians of course participants ages 17 or younger will need to read and sign the Parent Mentor Agreement
8. ☐ **REGISTRATION:** Complete MCCS Driving School Registration form.
9. ☐ **REGISTRATION REVIEW:** 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.
10. ☐ **PAYMENT VERIFICATION:** After all documents have been reviewed by the Driving Instructor, provide a copy of payment receipt with student's name written on the receipt.
11. **MCAS IWAKUNI LEARNERS PERMIT:** Go to the Pass & Registration office with all registration documents to be issued a learners permit prior to the course start date if you do not currently possess a SOFA license. You will need the Learners Permit to conduct the driving evaluation.
12. **CLASSROOM INSTRUCTION:** Complete classroom instruction and pass written test.
13. **DRIVING EXAM:** To earn a certificate of completion, pass the driving evaluation.
14. **DRIVING PRIVILEGE GRANTED:** Take certificate of completion to the Pass & Registration office to be presented with your SOFA permit (license).

DRIVING SCHOOL COURSES

☐ 3-Hour (\$150) ☐ 2-Hour (\$40) ☐ 1-Hour (\$30) ☐ Re-test (\$50)

STUDENT: First Name, MI _____ Last Name _____

STUDENT EMAIL: _____ STUDENT PHONE: _____

SPONSOR: First Name: _____ LAST NAME: _____

SPONSOR PHONE #: CELL _____ WORK _____

SPONSOR EMAIL: _____

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

ORGANIZATION: ☐ USMC ☐ NAVY ☐ USAF ☐ ARMY ☐ OTHER _____

The Parent/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 consent, 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 classroom presentation, written exam and driving evaluation totaling 3 hours.

4. (_____INITIALS) Sickness, Emergencies, and Military unit functions are the only excepted reasons for absence from class, and these require documentation.
5. (_____INITIALS) All classroom materials and lectures will be administered in English only.
6. (_____INITIALS) A valid SOFA license or Learner's Permit is required for the student to operate a motor vehicle with an instructor during the course and must be acquired prior to the course start date. Learner's permits are issued for up to 90 days.
7. (_____INITIALS) To successfully pass the classroom instruction, the student must score 80% or higher on the written exam. Students will have two opportunities to pass the written exam. The second attempt cannot be on the same day as the first. If the written exam is not passed in the first two attempts, students will be required to enroll in the next available 2-hour refresher course which consists of classroom review and the written test or driving evaluation. The fee associated with retesting is \$50.00
8. (_____INITIALS) Classroom instruction includes 1 hour of instruction and 2 hours of evaluation. The course consists of a presentation covering the Japanese laws and signs, and basic driver knowledge from AAA, how to drive 15th edition. A written exam on presentation material, and a driving evaluation. 1-hour allotted for the written exam and 1-hour allotted for the driving evaluation.
9. (_____INITIALS) If the student successfully passes the written exam, they will proceed to the Behind the Wheel(BTW) evaluation segment of the course. You will be evaluated on 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 classroom presentation. I will have 2 chances to pass the BTW evaluation. The instructor will annotate 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) Before BTW Evaluation. I understand that I will be evaluated on my driving skill and not being taught to drive a vehicle, therefore I will practice to be prepared for the driving evaluation.
12. (_____INITIALS) Upon completion of the course, 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 permit(license).

13. (_____INITIALS) CELL PHONES, IPADS and electronic devices are authorized for note taking during classroom instruction only. Video and audio recordings of MCCS personnel, and MCCS Driving School participants are prohibited without written consent. Electronic devices are PROHIBITED during Behind the Wheel instruction. This is a classroom environment, and students will act accordingly. Disruptive behavior, harassment, UNAUTHOURIZED 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.

14. 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)_____

15. (_____INITIALS) MCCS *recommends* that you obtain motor vehicle insurance and maintain this insurance while a student in this MCCS Driving School 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.

16. (_____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 for 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 course, 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.

17. (_____INITIALS) The 3-hour refresher course is only given once a month. If my scheduled course date is missed, I will complete the course in the following month.

18. (_____ INITIALS) Payment can be made only after the MCCS Driving Instructor has reviewed all required documents. After payment has been made, send an email or bring a copy of the receipt to the MCCS Driving Instructor. I will make sure my name is typed or written on the receipt.

19. (_____ INITIALS) ***Refunds will be granted only to individuals or groups who cancel their course on or before the start date of the course. No refunds will be issued after this time.

20. 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: _____