

Recovery Services of Northwest Ohio, Inc.

The Gene Smart Community Service Center
511 Perry Street
Defiance, OH 43512

Phone: 419-782-9920
Fax: 419-784-2523

**8 Hour Defensive Driving Course
Initial Application for Service**

Name: _____ Initial Contact Date: _____

Address: _____ D.O.B.: _____

_____ Sex: _____

Phone Number: _____ SS#: _____

Driver's License #: _____
(Required by Ohio Department of Public Safety)

Can we leave a message: Yes _____ No _____

DDC Program to attend: _____

Paid: Yes ___ No ___ On _____
Date

Special Needs: Yes _____ No _____, Please explain: _____

Do you have any special dietary needs? Yes _____ No _____

If yes, please explain: _____

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Notes: