

# Motor City Driving Academy LLC

13206 W McNichols Rd      □ Detroit      • MI • 48235      • (248) 461-3274  
State Certification # P000426      • Office Hours: Monday – Friday, 9:00 a.m. – 5:00 p.m. Currently By Appt Only  
**ADULT BTW CONTRACT**

Student: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Temporary Instruction Permit (TIP) #: \_\_\_\_\_ TIP Issue Date: \_\_\_\_\_ Cell # \_\_\_\_\_

Dates/Times of BTW Instruction: \_\_\_\_\_

## ADULT BTW PROVISIONS

1. **Motor City Driving Academy LLC. will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.**
2. **The Student must be at least 18 years of age by the first day that BTW instruction is given. Verification of the temporary instruction permit is required. You must have your permit with you during all BTW driving sessions.**

## ADULT BTW TERMS

1. The Student agrees to purchase: **1 Hour Road Test Prep for \$80.00 or 3 BTW hours for \$250.00 or 6 hours BTW for \$425.00 or 12 hours BTW for \$625.00. Fees are to be paid in the form of cash, debit or credit card at the time of registration. After registration you will be contacted by office staff within 24 to 48 hours to make your schedule. Please enter your purchase and the total \$ \_\_\_\_\_**
2. A fee of \$30.00 will be charged if 24 hours advance notice is not given for a driving appointment cancellation

## REFUND POLICY

1. After the beginning of BTW instruction, no refund shall be given.

## ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, an interpreter, etc.)? Yes  No  If Yes, please explain: \_\_\_\_\_
2. Are there any medical conditions that would pose a concern with the Student's BTW instruction (e.g., epilepsy, color blindness, etc.)? Yes  No  If Yes, please explain: \_\_\_\_\_
3. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes  No  If Yes, please explain: \_\_\_\_\_
4. In the last six months, has the Student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes  No
5. In the last six months, has the Student had a physical or mental condition which would affect his/her ability to drive a motor vehicle safely? Yes  No

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Motor City Driving Academy LLC  
( \_\_\_\_\_ ) Provider Name

Verified by PDFFiller  
\_\_\_\_\_  
Signature of Provider Owner  
Esther Ross  
Owner/President  
Title)  
01/2021

**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 DES-P11 Statement of Complaint form found on the Department of State website; [Michigan.gov/DriverEd](http://Michigan.gov/DriverEd). Completion of driver education instruction does not guarantee qualification for a driver license.**