**University of New Mexico**

**Traffic Safety Center**

**Driver Education Guest Speaker Request**

**Section 1- Guest Speaker Information**

Guest Speaker Name:

Official Title:

Topic:

Time Allotted:

Credentials/Certificates:

**Section 2-Driver Education School Information**

School Name:

School Physical Address: (Street Address, City, State, Zip Code):

Name of School Owner/Operator (responsible for compliance with state law):

Will this speaker be at any of your extension site locations? Yes No\_

\*(If so please list extension site locations)\*

**Section 3 - *Please state the guest speaker relevance to your driver education program below.***

AdditionalComments

**Section 4 – Signature and Date**

By my signature below, I certify, under penalty of perjury, that the information given in this application and all accompanying documents is true to the best of my knowledge and ability.

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Applicant’s signature Date

Please note that TSD requires an original application for processing. Copies will not be accepted. Please make a copy of this application for your records and submit an original.

TSC Review by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NMDOT TSD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Denied Date

Please submit this form to: **University of New Mexico**

**Traffic Safety Center**

**MSC07 4030,**

**1 University of New Mexico**

**Albuquerque, NM 87131-0001**

Or by Email: [**TSCdriverprograms@unm.edu**](mailto:TSCdriverprograms@unm.edu)

**Attn: Program Manager**

If you have any questions, please call UNM Transportation Safety Center at:

**(505) 584-8365**