**Material Order Form**

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| --- |
| **UNM Traffic Safety Center/ NMDOT (Driver Programs)** |

**Mailing Address:**

**UNM Traffic Safety Center**

**MSC07 4030**

**1 University of New Mexico**

**Albuquerque, NM 87131**

Email: tscorders@unm.edu

|  |  |
| --- | --- |
| SCHOOL NAME | OWNER/OPERATOR |
| MAILING ADDRESS | PHONE NUMBER |
| CITY/STATE/ZIP | EMAIL |

<><><><>**PLEASE CHECK WHICH ITEM(S) YOU ARE REQUESTING**<><><><>

\_\_\_\_\_ **DSS**/Certificates of Completion

\_\_\_\_\_ **DRED** / Certificates of Completion \_\_\_\_\_Referral Cards \_\_\_\_\_GDL (Graduated Driver License)

**REQUIREMENTS FOR DSS or DRED CERIFICATES OF COMPLETION (COC’s)**

* **All Quarterly reports, including Behind-the-Wheel schedules for present quarter must be received by TSC prior to submitting order.**
* **COC’s authorized will be based off completions for current quarter and the number of COC’s that remain in your possession**
* **TSC will notify you of number of COC’s issued and payment instructions via email communication**
* **$1.00 (free for public schools) for each certificate approved**
* ***Checks Payable to: Traffic Safety Division (TSD)***
* **Payment must be received prior to shipping –Please allow 7 business days for processing order**

**REQUIREMENTS FOR BTW REFERRAL CARDS & GDL BROCHURES**

* **All quarterly reports, classroom and Behind-the-Wheel schedules are up to date**
* **Referral Cards/GDL’s authorized will be based off enrollments for the current quarter and the number of referral cards that remain in your possession**
* **Payment must be received prior to shipping -Please allow 7 business days for processing order**

**TRAFFIC SAFETY CENTER USE ONLY**

***Number of DSS/Certificates of Completion Authorized \_\_\_\_\_***

|  |  |  |
| --- | --- | --- |
| Book # | Control # | to Initial  |
| Book # | Control # | to Initial |
| Book # | Control # | to Initial  |
| Book # | Control # | to Initial  |

***Number of DRED/Certificates of Completion Authorized \_\_\_\_\_***

|  |  |  |
| --- | --- | --- |
| Book # | Control # | to Initial  |
| Book # | Control # | to Initial  |
| Book # | Control # | to Initial  |
| Book # | Control # | to Initial  |

***Number of BTW Referral Cards Authorized \_\_\_\_\_***

|  |  |  |
| --- | --- | --- |
| Quantity 50 | Control # | to Initial  |
| Quantity 50 | Control # | to Initial  |
| Quantity 50 | Control # | to Initial  |
| Quantity 50 | Control # | To Initial  |

***Number of GDL Brochures Authorized \_\_\_\_\_ Initial \_\_\_\_\_***

**Authorizing TSC Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Mailed Out (*If Applicable*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized School Representative (*If Applicable*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check #\_\_\_\_\_\_\_\_\_ Check Date\_\_\_\_\_\_\_\_\_ Date Received\_\_\_\_\_\_\_\_\_ Amount Received\_\_\_\_\_\_\_\_\_**