

Material Order Form

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 _____