

Mail or fax completed form to: ***SAFETY RULES!***
118 Shirley Road
Syracuse, NY 13224
Phone: (315) 446-6333 Fax: (315) 703-1871

Delivery Agency # (office use only) _____

2007 PIRP DELIVERY AGENCY APPLICATION

Name of Sponsoring Agency: _____ NEW YORK STATE EDUCATION DEPARTMENT _____

Name of Delivery Agency: _____

Delivery Agency Address: _____

City: _____ County: _____ State: _____ Zip: _____

Delivery Agency Contact Person: _____ Title: _____

Telephone of Delivery Agency: () _____ email of contact Person: _____

Note: Programs cannot receive credit for point insurance reduction unless the classroom for the program has been approved and you have been assigned a Delivery Agency Code Number. **Get approval for all classrooms that you use.**

CLASSROOM FACILITY INFORMATION

Name of Facility: _____ Room name/number: _____

Street Address (not PO Box) : _____

City: _____ County: _____ State: _____ Zip: _____

Telephone at classroom site: () _____

Provide both a diagram and description of classroom facility, i.e.: describe room setup for instruction, room measurements, location of windows, doors, media, etc. Class size is limited to 30 persons. A minimum of 200 square feet of instruction space is required for classes of no more than 10 persons.

Office use only

Approved
 Disapproved
_____ Seating Capacity _____ Signature _____ Title _____ Date

DELIVERY AGENCY INSTRUCTORS

Information is needed on ALL APPROVED INSTRUCTORS who will be teaching regularly in the approved classroom. Use additional sheets if necessary. Please complete the information below:

Primary SBDI with responsibility for courses at site:

Name: _____

Address: _____

Date of Birth: _____ SBDI#: _____ Driver ID#: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

- - - - -

Additional Instructors who will be teaching regularly:

- - - - -

Name: _____

Address: _____

Date of Birth: _____ SBDI#: _____ Driver ID#: _____

Work Phone #: _____ Cell Phone #: _____

- - - - -

Name: _____

Address: _____

Date of Birth: _____ SBDI#: _____ Driver ID#: _____

Work Phone #: _____ Cell Phone #: _____

- - - - -

Name: _____

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