

Return this form to the Ogle Circuit Clerk with your ticket,
 "Plea of Guilty" with Court Supervision form, fine and class fee.
 If you have a CDL, do not submit this application form, call RVC at 1-815-921-3940.

If you were under 18 when your ticket was issued, do not submit this application, call our office.

ROCK VALLEY COLLEGE TRAFFIC SAFETY PROGRAM REGISTRATION FORM

Name _____ Male Female

Last
First
Middle Initial

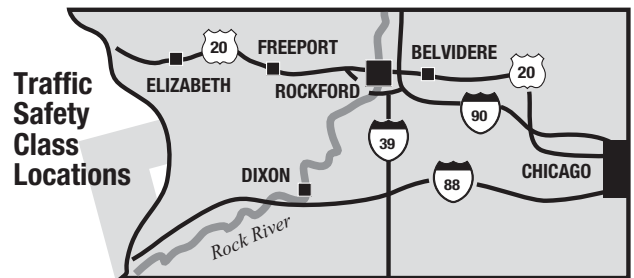
Address _____

Complete Street Address
Apt. #
City
State
Zip

Date of Birth _____ Home Phone _____ Daytime Phone _____

Mo. Day Yr.

- \$50 - 4-hour In-person Classes
 Select your choice in order of preference (1, 2, 3)
 _____ Saturday Morning
 _____ Saturday Afternoon
 _____ Weekday Evening 6:00 – 10:00 p.m.



4-hour Class Locations – select the most convenient:

- Rockford, IL Belvidere, IL Dixon, IL Elizabeth, IL Freeport, IL
 Other – I will contact another class provider (that has been approved by Rock Valley College) at another location and mail the original certificate of completion to the Rock Valley College Traffic Safety Program.

See Out-of-Town Motorist or Out-of-State Motorist Information.

- \$75 Online (must be 21 years of age - online course will take between 4-6 hours with a test)

Your class assignment will be mailed from Rock Valley College.

Date of Ticket _____ Driver's License # _____

State _____ I am 21 or older

- I am Deaf or hard of hearing and need a sign language interpreter. Require wheelchair accessible facility.

Have you had supervision for a traffic ticket that was issued within the last 12 months? Yes No

Stop. Supervision for another traffic ticket that was issued within the previous 12 months (of the date of this violation) makes you ineligible.

(please check one)

Ethnic Origin:

- | | |
|---|--|
| <input type="checkbox"/> Prefer not to respond | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Non-Resident Alien |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| | <input type="checkbox"/> Unknown or other _____ |

Highest Degree Earned:

- | | |
|--|--|
| <input type="checkbox"/> Prefer not to Respond | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> PHD | <input type="checkbox"/> Certificate |
| <input type="checkbox"/> 1st Professional Degree | <input type="checkbox"/> Some College |
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> None |
| | <input type="checkbox"/> Other _____ |

FOR OFFICE USE ONLY

Case Number _____ Load Date _____ Violation code _____

Agency _____ Supervision end date _____