

**APPLICATION FOR USE OF STATE-OWNED DRIVER TRAINER SIMULATOR  
PUBLIC SCHOOLS ONLY**

**Regular Session**  **or Summer Session**  **School Year 20** \_\_\_ - **20** \_\_\_

1. Has the Application to the State Board of Education for Approval and State-Aid for Teaching Driver Education (DE -1) been completed? YES  NO

**If no, please complete the DE -1 application form.**

2. Is the school listed on the DE -1 form the location where the simulator will be located upon assignment? YES  NO

a. If no, list the name of the school and/or the address where the simulator will be located? \_\_\_\_\_  
\_\_\_\_\_

3. How many students will be trained in the assigned simulator? \_\_\_\_\_

4. How many hours and days will driver education be taught?

Hours \_\_\_ Days \_\_\_

5. Does the instructor(s) listed on the DE -1 form need training? YES  NO

**The school district must provide full electrical power before the simulator can be delivered. Effective immediately, a licensed electrician must be available when the simulator arrives at the district. Driver Education technicians from the Mississippi Department of Education will only plug in the simulators to the electricity provided by the school district.**

\_\_\_\_\_  
*Principal's Name*

\_\_\_\_\_  
*Principal's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Superintendent's Name*

\_\_\_\_\_  
*Superintendent's Signature*

\_\_\_\_\_  
*Date*

Scan and email DE -1 and DE -2 forms to Darrell Latham, Program Specialist at [dlatham@mdek12.org](mailto:dlatham@mdek12.org)

**This section to be completed by MDE, Division of Pupil Transportation**

APPROVED  NOT APPROVED

Reason: \_\_\_\_\_

Signature, Driver Education Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_