Teen Data Collection Prior to Training (Computer Screen)

Under the Paperwork Reduction Act, a federal agency may not conduct or sponsor, and a person is not required to respond to collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control number. The OMB Control Number for this information collection is 2127-NEW (expiration date: MM/DD/YYYY). Public reporting for this collection of information is estimated to be approximately 3 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave. SE, Washington, DC 20590.

[Program generates the date these data are collected.]

Please answer all of the questions below:

What is your name:	(First)	(Last)
What is your home r	mailing address:	
What is your email a Please r	address: re-enter:	
What is your home t	elephone number:	
What is your cell ph	one number:	
What is your date of	birth:(Day)(Month) (Year)
What is your Driver's License Number: Please re-enter:		
What is your gender	r: (Male) (Fema	le)
(Asian) (Black	can Indian or Alaska Native) or African American) e Hawaiian or Other Pacific	
What is your ethnicit (Hispan (Not Hi		

Have you completed a driver education/training course? __ (Yes) __ (No)

If yes, please describe by checking one or more of the following options:

- Hazard perception training
- Skid control/emergency maneuvers course
- First aid training
- Other:_____