



National Safety Council
 Attn: SCARR Program
 200 Salina Meadows Pkwy
 Syracuse, NY 13212-4510
 (866) 398-0864

MASSACHUSETTS JUNIOR OPERATOR LICENSE
SCARR PROGRAM
Application/Registration Form

Dear Motorist:

You are being required to complete the SCARR Program.

The cost of the course is \$75.00 and must be prepaid. PLEASE NOTE: Any delay in registration or completion of the course could affect your driving privileges. It is recommended that you register early as class sizes are limited.

*****YOU MUST HAVE A CONFIRMATION NOTICE OR NUMBER TO BE ADMITTED INTO CLASS*****

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____ MA Driver License #: _____

Daytime Telephone Number(s): () _____ () _____

Is this a COURT or RMV Requirement? Court _____ RMV _____

If this is a court requirement, indicate the name of the court and the name of your probation officer:

Court _____ Probation Officer _____

Please indicate your class choices in order of preference:

Class date	Class location
1 st Choice _____	_____
2 nd Choice _____	_____
3 rd Choice _____	_____

We accept payment by personal check* or money order (made payable to the National Safety Council). You may also pay with credit card – Visa, MasterCard, American Express, or Discover.

***If you choose to submit a personal check as payment, you will be scheduled for a class at least 18 days from the date we receive your check.**

CC Account Number: _____

Expiration Date: ____/____

Cardholder signature: _____

Card holder name: _____
 (Please print legibly) (Relationship to driver)

Expiration date and cardholder's signature required for all credit card payments

FOR NSC USE ONLY:

Reference No.: _____ Deposit date: _____ Amount: _____

