

# Defensive Driving

**Course Description:** Our instructors teach the highly rated USA Driver Safety Course which is the largest course provider in Texas. It is approved by the Texas Department of Licensing and Regulation and the State Board of Insurance. In a recent study, this course had the highest combined score for effectiveness, showing improvement in both recidivism and crash reduction. **Reduce auto insurance rates.** Receive up to a 10 percent discount on your insurance rates and premiums for 3 years. **Dismiss tickets.** Prior to taking the course, students must obtain permission to attend the course from the court in the area in which the ticket was received. Students taking the class for ticket dismissal must supply court information in order to receive the court copy of the certificate. Failure to provide court information will result in only the insurance certificate being sent. **Sharpen your driving skills.** Accept personal responsibility behind the wheel. Learn how drugs, alcohol, physical conditions and emotions affect your driving and decision-making skills. Avoid collisions by choosing safe, legal behaviors. Take your driving environment, vehicle and road conditions, and other drivers into account. Learn how to use occupant safety devices correctly.

## August 2025 – December 2025

**Cost:** The cost of this course is \$35. **Refunds or class transfers must be requested at least one day prior to the start of class.** After this period, students will be required to register and pay for another class.

**Registration:** Full registration instructions are located on the back of this form. **Students are required to register and pay prior to the first class. It is recommended that students register as early as possible, because classes reach maximum enrollment quickly.**

**Enrollment Eligibility Notice:** Students with outstanding obligations to Amarillo College may not be allowed to enroll in or complete a continuing education course until the obligations are fulfilled. Students who have received a Criminal Trespass Warning from Amarillo College will not be allowed to enroll in courses held on any AC campus unless the warning has been lifted.

**Attendance:** Students must be on time and attend all sessions in consecutive order. There will be no exceptions or make-up classes allowed. Students MUST provide photo identification to the instructor. For ticket dismissal, students must also provide the court/judge's name as it appears on their citation. Students are required to bring an adult translator with them if they have limited or no proficiency in the English language.

**Questions:** For questions regarding our programs, call (806) 457-4452 or (806) 457-4468 or e-mail [rrdominguez@actx.edu](mailto:rrdominguez@actx.edu). Se habla español. You may also visit us online at [www.actx.edu/intervention](http://www.actx.edu/intervention).

Any student, who because of a disabling condition may require some special arrangements in order to meet course requirements, should contact disAbility Services (Enrollment Center, Suite 700, Phone 345-5639) as soon as possible.

*In addition to the classes listed below, arrangements can be made to conduct training for your employees at your business location, our campuses, or the location of your choice. Please contact us at the numbers above for additional information. Another option is to take an **online version of Defensive Driving**, available 24 hours a day, 7 days a week, when you use the following link: [www.actx.edu/intervention](http://www.actx.edu/intervention)*

| Course ID # | Days     | Dates        | Times         | Location                                         |
|-------------|----------|--------------|---------------|--------------------------------------------------|
| 236087      | Saturday | August 16    | 9:00am-4:00pm | AC First Responders, 3891 Plains Blvd, Room 1057 |
| 237082      | Saturday | September 20 | 9:00am-4:00pm | AC First Responders, 3891 Plains Blvd, Room 1057 |
| 237083      | Saturday | October 18   | 9:00am-4:00pm | AC First Responders, 3891 Plains Blvd, Room 1057 |
| 237084      | Saturday | November 15  | 9:00am-4:00pm | AC First Responders, 3891 Plains Blvd, Room 1057 |
| 237085      | Saturday | December 13  | 9:00am-4:00pm | AC First Responders, 3891 Plains Blvd, Room 1057 |

## Online Registration

You must use a credit/debit card to pay at the time of online registration. Go to [www.actx.edu/intervention](http://www.actx.edu/intervention). Click **Register for Classes**, go to the search box and type in "Defensive Driving" or just "Defensive", and then click enter. Choose your desired class/date, and then click "Add to Cart" to continue.

## Mail Registration

- Complete the registration form, enclose check or credit card information, and mail to:

AMARILLO COLLEGE  
REGISTRAR'S OFFICE  
PO BOX 447  
AMARILLO TX 79178

- No acknowledgement will be mailed.

## FAX Registration

- Complete the registration form, include credit/debit card information, and fax to: Intervention Programs, (806) 322-9866.
- No acknowledgement will be mailed.

## In-Person Registration

**Payment is due at time of enrollment. A place in the class will not be reserved if payment has not been made in full.**

**WASHINGTON STREET CAMPUS – Enrollment Center, 2011 S. Washington, Amarillo, TX**

**FIRST RESPONDERS ACADEMY, 3891 Plains Blvd., Room 1007, Amarillo, TX**

**WEST CAMPUS – Lecture Hall, 6222 W. 9<sup>th</sup> Ave., Amarillo, TX**

**HEREFORD CAMPUS, Hereford, Texas – Student Service Center, 1115 W. 15<sup>th</sup> Street, Hereford, TX**

**MOORE COUNTY CAMPUS, Dumas, Texas – Student Service Center, 1220 E. 1<sup>st</sup> St., Dumas, TX**

**HOURS VARY BY CAMPUS AND DURING HOLIDAYS/SUMMER** Please call AskAC at (806) 371-5000 for current hours.

### Registration Form – Defensive Driving

|                                                                     |                                                                                                                             |                   |                                                         |                    |       |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------|--------------------|-------|
| Course ID#:                                                         | _____                                                                                                                       |                   |                                                         | Beginning Date:    | _____ |
| Last 4 digits of SSN:                                               | _____                                                                                                                       |                   |                                                         | Date of Birth:     | _____ |
| Last Name:                                                          | _____                                                                                                                       | First:            | _____                                                   | MI:                | _____ |
| Current Address:                                                    | _____                                                                                                                       |                   |                                                         |                    |       |
| City/State/Zip Code:                                                | _____                                                                                                                       |                   |                                                         |                    |       |
| Home Phone:                                                         | _____                                                                                                                       | Work Phone:       | _____                                                   | Cell Phone:        | _____ |
| County of Residence:                                                | _____                                                                                                                       | Residency Status: | ___ Texas Resident ___ Out-of-State ___ Foreign Country |                    |       |
| Gender:                                                             | ___ Male ___ Female                                                                                                         | E-mail:           | _____                                                   |                    |       |
| Ethnic Origin: (Voluntary Information – Will not affect enrollment) | ___ White ___ American Indian ___ Alaskan Native ___ Black<br>___ Asian/Pacific ___ Islander ___ Hispanic ___ International |                   |                                                         |                    |       |
| I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS COMPLETE AND CORRECT. |                                                                                                                             |                   |                                                         |                    |       |
| Date:                                                               | _____                                                                                                                       | Signature:        | _____                                                   |                    |       |
| Method of Payment:                                                  | ___ Cash ___ Check ___ Money Order ___ Visa ___ Master Card ___ Discover ___ American Express                               |                   |                                                         |                    |       |
| Credit Card #:                                                      | _____                                                                                                                       | Expiration Date:  | _____                                                   |                    |       |
| Authorized Signature:                                               | _____                                                                                                                       |                   |                                                         | Card Security Code | _____ |