

Massachusetts Auto Insurance Plan Division Driver's Training Discount Application



Advanced driver training classes must be recognized and approved by the Massachusetts Registry of Motor Vehicles.

Policyholder Name _____
Policy Number _____
Preferred Contact Method
 Email _____
 Phone Number _____
Address _____
Unit # (optional) _____
City/Town _____ State _____ ZIP Code _____

Driver 1

Name _____
Date of Birth _____
Organization That Provided Driver Training _____
City/State Where Course was Completed _____
Date of Course Completion _____

Driver 2

Name _____
Date of Birth _____
Organization That Provided Driver Training _____
City/State Where Course was Completed _____
Date of Course Completion _____

Driver 3

Name _____
Date of Birth _____
Organization That Provided Driver Training _____
City/State Where Course was Completed _____
Date of Course Completion _____

Driver 4

Name _____
Date of Birth _____
Organization That Provided Driver Training _____
City/State Where Course was Completed _____
Date of Course Completion _____

Please fax this completed form and the certificate of course completion to 866-933-5267, Attn: MAIP,
or mail it to the address below:

Attn: MAIP
Amica Scan Center
P.O. Box 6800
Providence, RI 02940-6800