BRANT'S DRIVING SCHOOL

Driving School for
People with Disabilities

Procedure for Brant's Driving School Clients to Obtain Delaware Learner's Permit for Students

1) Student should sign "Special Driver Education Learner's Permit Request Form" This form is issued by the driving education instructor, with the appropriate signatures, after the student has completed the 30-hour classroom portion of the Delaware Department of Education approved driving education course.

2) Student should complete top portion of Delaware DMV medical form MV-346, and forward it to student's physician. The completed form should then be returned to the student.

3) Both above completed forms should be presented in person to one of the Delaware Division of Motor Vehicles (see attachment for specific addresses).

4) If student is under 18, he/she must be accompanied by parent or guardian. Student must be at least 16 years old.

5) The student must bring all of the following items to a Delaware Division of Motor Vehicles in order for the State of Delaware to issue a permit:

   a) Completed "Special Driver Education Learner's Permit Request Form" signed by student, driver education teacher, and administrator (Item I, above).

   b) Completed Delaware Division of Motor Vehicles form MV-346, signed by student and student's physician (Item 2, above).

   c) Certified birth certificate.

   d) Social Security card.

   e) Two proofs of Delaware residency.

   f) Permit fee of $40.

   g) Parent or guardian, if under 18 years of age.

6) Student should notify Brant's Driving School when all the above is completed so that Brant's Driving School can request the permit from Delaware DMV.

REV 9/28/23

596 Goucher Street Johnstown, PA 15905 P: 877-395-7011 F: 814-410-2311 www.brantsdrivingschool.com

Brant's Driving School

"The Driver Rehabilitation Specialists"

www.brantsdrivingschool.com
Toll Free: (877) 395-7011
Fax: (814) 410-2311

Contact Information:

Office Toll Free#: **(877) 395-7011**

Office #2: **(814) 255-3313**

Fax#: **(814) 410-2311**

Timothy Brant, CDRS: **Timothy.Brant@brantsdrivingschool.com**

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Morgan Heidorn, Office Manager: morgan@brantsdrivingschool.com

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Mailing Address: **596 Goucher Street**
Johnstown, PA 15905

Hours: 8:00 – 4:00 Monday – Friday
***Phones go to voice-mail from noon to 1:00.**

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** MEDICAL APPROVAL FOR DRIVER EVALUATION ONLY **

Customer Name: _____ Phone # _____

Address: _____ D.O.B: _____

Diagnosis: _____ Date of Onset: _____

DOES THE CUSTOMER HAVE ANY OF THE FOLLOWING?

Seizure Disorder . . . . ____ Yes ____ No

Cardiac Precautions. . ____ Yes ____ No

Vision Problems . . . . ____ Yes ____ No

Hearing Deficits . . . . ____ Yes ____ No

Motor Disorder . . . . . ____ Yes ____ No

Paralysis or Weakness . . . . . ____ Yes ____ No

Amputation(s) . . . . . ____ Yes ____ No

Diabetes . . . . . ____ Yes ____ No

High/Low Blood Pressure . . ____ Yes ____ No

Alcoholism . . . . . ____ Yes ____ No

Please explain any **YES** responses: _____

MEDICATION(S) ***Use back of form if necessary or attach additional pages**

NAME	DOSE	HOW OFTEN	FOR WHAT CONDITION	SIDE EFFECTS
1.				
2.				

Brant's Driving School, Inc. **has my medical approval to conduct a comprehensive driver evaluation on this customer:**

_____ _____

Physician's Name Physician's Signature

_____ _____

State Medical License Number Address

_____ _____

Telephone Fax

_____

Today's Date

Delaware Division of Motor Vehicles

Form MV346

Medical Report of Physician's Findings

To ensure the safety of all individuals, customers should self-report any changes in their health that might affect their ability to drive.

NAME: DATE OF BIRTH: LICENSE #

ADDRESS:

MEDICAL HISTORY

	Yes	No	Not Assessed
NEUROPSYCHOLOGICAL: Is there any evidence of a psychological problem or cognitive impairment (such as dementia) which may affect driving?	☐	☐	☐
NEUROLOGICAL: Are there any transient neurological problems (such as spells of mental clouding, seizures, convulsions, transient ischemic attacks, or vertigo) or more unchanging problems (such as stroke, traumatic brain injury, or Parkinson's Disease) which may impair driving?	☐	☐	☐
ORTHOPEDIC AND MUSCULAR: Are there any problems with bones, joints, or muscle weakness, (such as impairment of a hand or foot) which may affect driving?	☐	☐	☐
Is the use of adaptive equipment required to safely operate a motor vehicle?	☐	☐	☐
PULMONARY/ CARDIOVASCULAR: Are there any problems with the lungs or heart which may affect driving (such as shortness of breath, fatigue, syncope, or other arrhythmias?)	☐	☐	☐
ENDOCRINE-DIABETES: Are there any symptoms which may affect driving, (such as episodes of confusion, loss of consciousness or vision changes?)	☐	☐	☐
VISION/ HEARING: Do you think vision or hearing may be too impaired to drive safely?	☐	☐	☐
DRUGS AND/OR ALCOHOL: Does the customer describe a problem with addiction, habituation, or alcoholism? If so, is there documented evidence of these problems which may prevent safe driving?	☐	☐	☐
OTHER MEDICAL: Does the customer suffer from any other condition or disease which may decrease their ability to safely operate a motor vehicle?	☐	☐	☐

If YES, to any of the above, please explain with a diagnosis, and a date of the most recent episode

	Yes	No
MEDICATIONS: Is the customer prescribed medications which may affect their ability to drive? If YES, list medications below	☐	☐

As of August 2024, DMV no longer requires mandatory reporting of medical conditions. Licensed practitioners are encouraged to report patients who may pose a danger driving.

NAME: DATE OF BIRTH: LICENSE #

RECOMMENDATIONS:

YES, THE CUSTOMER SHOULD BE ALLOWED TO DRIVE (check either 1 or 2)

☐ 1. I am a **physician**, and I certify that the loss of consciousness episode(s) is under sufficient control and the customer does not have an elevated risk to safely operate a motor vehicle.

☐ 2. I am a **non-physician licensed practitioner**, and I certify the driver has not had a loss of consciousness episode(s) in the last three months and does not have an elevated risk to safely operate a motor vehicle.

IF YES, MARK ONE OF THE FOLLOWING

☐ 1. Medical treatment for this condition is ongoing and should be followed by the DMV.

☐ 2. There is no need for further medical evaluation or for the DMV to follow this condition.

NO, THE CUSTOMER SHOULD NOT BE ALLOWED TO DRIVE

☐ **NO**, I believe the customer **SHOULD NOT** be permitted to drive. If appropriate, patient can be re-evaluated at a future time for the reinstatement of the license. Please explain your reasoning. (For example, it is too soon after a loss of awareness event). Test results can be included.

	Yes	No
Do you believe the customer's license suspension should be effective immediately?	☐	☐
Are you requesting a re-exam?	☐	☐
If requesting a re-exam, is the customer permitted to drive until re-exam is scheduled?	☐	☐

LICENSED PRACTITIONER ATTESTATION:

How long have you been treating this patient? _____ Date of last exam: _____

Additional comments or if there should be further evaluation from a different licensed practitioner:

Licensed Practitioner (name printed or typed):

Signature:

License number:

Date:

Address:

Phone Number:

Fax Number:

☐ I am an emergency, urgent care or inpatient physician. Follow up will be completed by the customer's licensed practitioner.

Please mail the form to:
DMV – Medical Section
PO Box 698
Dover, DE 19903-0698

To transmit electronically:
Fax: (302) 739-5667
Email: DMVmedicalsection@delaware.gov
Attention: **Medical Records Section**

Department of Education

Townsend Building
401 Federal Street Suite 2
Dover, Delaware 19901-3639
education.delaware.gov

Cynthia Marten
Secretary of Education
302-735-4000
302-739-4654 (fax)

SPECIAL DRIVER EDUCATION LEARNER'S PERMIT REQUEST FORM

Date of Issue:_____

This is to certify that , birthdate
is currently enrolled in the Delaware Department of Education approved Driver Education course and has successfully completed the thirty hours of classroom instruction and may be issued a non-renewable four-month Driver Education Learner's Permit by the Division of Motor Vehicles that is **only** valid during the period of time when the applicant is actually under the direct supervision of a State-approved and licensed adapted driving instructor.

SIGNATURES

1. Student _____

2. Driver Education Teacher _____

3. Administrator _____

NOTE:

*This request form must be fully completed in ink or typewritten without erasures or alterations to be valid.
*This request form may be issued upon satisfactory completion of the thirty (30) classroom instructional hours.
*This is **NOT** a substitute for a temporary instruction permit or operator's license.
*This original request form is to be submitted to, and retained by, the Delaware Division of Motor Vehicle.
*This request form is void after thirty (30) days.
*DMV will require the following in order to process this Learner's Permit Request Form:

a. $50.00
b. Birth Certificate
c. Social Security Card/Passport
d. Parent or Legal Guardian

*This "special" Driver Education Learner's Permit is issued to a legally disabled Delaware resident enrolled in a behind-the-wheel course provided through a contractual agreement between a local school district or the Department of Education and Brant's Driving School of Johnstown, PA, or its subcontractor.
Delaware Code, Title 21, Section 2710(k)

The Delaware Department of Education is an equal opportunity employer. It does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, marital status, disability, age, genetic information, or veteran's status in employment or its programs and activities.