Driver Training Fee Schedule

NAME OF SCHOOL	DTC#

Section 1 Individual Lesson Fee

Specify below the fees charged for individual lessons

Type of Training	Fee 1 person in vehicle	Fee More than 1 person in vehicle (indicate #)	Duration of Each Lesson	
			Hour(s)	Minutes
Class 1				
Class 2				
Class 3				
Class 4				
Class 5/7 Automatic				
Class 5/7 Manual				
Class 6/8 Novice				
Class 6/8 Final				

Section 2 Complete Course Fee

Specify below the fees charged for complete courses

Type of Training	Fee 1 person in vehicle	Fee More than 1 person in vehicle (indicate #)	Duration of Each Course	
			Hour(s)	Minutes
Class 1				
Class 2				
Class 3				
Class 4				
Class 5/7 Automatic				
Class 5/7 Manual				
Class 6/8 Novice				
Class 6/8 Final				

Section 3 Theory Course Fee

Specify below the fees charged for theory courses only

Type of Training	Fees	Duration of Each Course	
		Hour(s)	Minutes
Safe Driving			
Air Brake			
Other Courses	**Fees**	**Hour(s)**	**Minutes**

TO THE INSURANCE CORPORATION OF BRITISH COLUMBIA

I declare that the above information is true and correct:

Signature of Signing Authority _____ Title (if for limited company) _____ Date _____

RETURN TO: ICBC, DRIVER TRAINING UNIT, PO BOX 3750, VICTORIA, BC V8W 3Y5. TELEPHONE: 250-978-8370, TOLL FREE: 1-866-339-0363, FACSIMILE: 250-978-8032