

EMPLOYER TESTING PROGRAM REFRESHER TRAINING REQUEST

EXAMINER TRAINING FEE \$150.00

FOR DMV USE ONLY				
APPLICATION				
CHECK NUMBER	EFFECTIVE DATE			

I request to attend a Department of Motor Vehicles sponsored examiner training class shown below. I have the appropriate class of commercial driver license with any appropriate endorsement(s) and/or restrictions as required to operate my company's vehicle(s). Call the Employer Testing Program Unit at (916) 229-3154 for a list of available training dates.

EXAMINER TRAINING DATES REQUESTED - FIRST CHOICE		LOCATION		
EXAMINER TRAINING DATES REQUESTED - SECOND CHOICE		LOCATION		
EXAMINER NAME		HOME TELEPHONE NUMBER		
DRIVER LICENSE NUMBER		WORK TELEPHONE NUMBER		
EXAMINER STREET ADDRESS	CITY	STATE	ZIP CODE	
EXAMINER MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)	CITY	STATE	ZIP CODE	
EMPLOYER NAME		EMPLOYER NUMBER		
EMPLOYER MAILING ADDRESS	CITY	STATE	ZIP CODE	
EMPLOYER MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)	CITY	STATE	ZIP CODE	
EXAMINER SIGNATURE		DATE		
X				

Please complete the Refresher Training Request and return it with appropriate fees to:

Department of Motor Vehicles Occupational Licensing, ETP Unit PO Box 932342, MS L224 Sacramento, CA 94232-3450