



NAME
OL NUMBER

OCCUPATIONAL LICENSING BRANCH

**PROPERTY USE VERIFICATION FOR A DRIVING SCHOOL
OR TRAFFIC VIOLATOR SCHOOL LICENSE**

Instructions: This form is to be completed (*in ink*) by an official of the agency responsible for property use in your area, pursuant to Government Code Section 65850, and submitted with your application for license to a department Inspector.

In connection with an application for a Driving School or Traffic Violator School's License to be submitted to the Department of Motor Vehicles by:

APPLICANT'S NAME		PRESENTLY ZONED	
BUSINESS NAME			
BUSINESS ADDRESS	CITY	STATE	ZIP CODE

Complete this section for a **DRIVING SCHOOL**:

I hereby certify that the property located above is (*check any of the following*):

- ☐ Approved for the operation of a Driving School office (sign **mandatory**).
- ☐ Approved for the operation of a Driver Education classroom only.
- ☐ Not approved for the operation of a Driving School office.
- ☐ Not approved for the operation of a Driver Education classroom only.

Complete this section for a **TRAFFIC VIOLATOR SCHOOL**:

I hereby certify that the property located above is (*check any of the following*):

- ☐ Approved for the operation of a Traffic Violator School office (sign **mandatory**).
- ☐ Approved for the operation of a Traffic Violator School classroom only.
- ☐ Not approved for the operation of a Traffic Violator School office.
- ☐ Not approved for the operation of a Traffic Violator School classroom only.

SIGNATURE X	TITLE
AGENCY	CITY, COUNTY, OR CITY AND COUNTY
DATE	AREA CODE/TELEPHONE NUMBER ()

