



APPLICATION FOR AN ORIGINAL DRIVING SCHOOL OPERATOR LICENSE INTERNET-ONLY

DMV USE ONLY		
OCCUPATIONAL LICENSING NUMBER		
ACR NUMBER	TOTAL FEE	
DATE PERMIT ISSUED	DATE PERMIT EXPIRES	
INSPECTOR	REGION	CC
RECEIPT NUMBER		

SECTION 1 — OPERATOR INFORMATION

TRUE FULL NAME (LAST, FIRST, MIDDLE)	TELEPHONE NUMBER ()
RESIDENCE ADDRESS	CITY STATE ZIP CODE

SECTION 2 — DRIVING SCHOOL INFORMATION

DRIVING SCHOOL NAME	DRIVING SCHOOL LICENSE NUMBER	TELEPHONE NUMBER ()
DRIVING SCHOOL ADDRESS	CITY	STATE ZIP CODE

OFFICE HOURS FOR SCHOOL LOCATION

TRUE FULL NAME OF SCHOOL OWNER (LAST, FIRST, MIDDLE)

SECTION 3 — INTERNET WEBSITE ADDRESS

URL	TELEPHONE NUMBER ()	BUSINESS OFFICE HOURS
PHYSICAL ADDRESS FOR BUSINESS RECORDS (IF DIFFERENT FROM DRIVING SCHOOL)	CITY	STATE ZIP CODE

SECTION 4 — OPERATOR CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I further certify that I have completed 60 hours of approved education comprised of 40 hours of driver education and 20 hours of behind-the-wheel training.

I further certify that I am 21 years of age or older.

SIGNATURE X	DATE
-----------------------	------

SECTION 5 — OWNER CERTIFICATION

I certify that I am the owner of the driving school named in Section 2. It is my intention to employ the above named applicant when he/she receives a temporary permit or license from the Department of Motor Vehicles.

I further certify that I meet or that I have another operator in my employ that meets the requirements found in California Vehicle Code (CVC) Section 11102.5 as required by CVC Section 11102.

PRINTED NAME OF OWNER

SIGNATURE X	DATE
-----------------------	------