



OCCUPATIONAL LICENSING SECTION
P. O. BOX 932342/MAIL STATION L224
SACRAMENTO, CA 94232-3420

APPLICATION FOR AUTHORIZATION TO ISSUE STUDENT LICENSE

PART A

DRIVING SCHOOL NAME		DRIVING SCHOOL NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE

Each applicant's vision must meet the criteria stated in Section 344.20(a) (2) (A) in Title 13 of the California Code of Regulations.

Device to screen distance vision of each applicant for a student license. Check appropriate box(es). At least one is required. If other, describe device.

- Snellen Chart
 Orthorater (indicate type) Standard Portable
 Other

PART B (Excludes Independent Instructor)

Only the following employees whose signatures appear below are authorized to sign a student license. At least one employee must be able to administer the eye exam.

EMPLOYEE NAME	EMPLOYEE SIGNATURE	OCCUPATIONAL LICENSE NUMBER

PART C

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 will notify DMV immediately upon the termination of any authorized employee listed above. I also will ensure each authorized employee will maintain a valid occupational license pursuant to 11100(a) CVC and 344.12(a)(1), (B), and (E) CCR. This application supersedes any previous list.

PRINTED NAME	TITLE
SIGNATURE X	DATE

