

APPLICATION FOR INSTRUCTOR LICENSE MODIFICATION

DMV USE ONLY	
OCCUPATIONAL LICENSING NUMBER	
ACR NUMBER	
DATE PERMIT ISSUED	DATE PERMIT EXPIRES
TOTAL FEE	RECEIPT NUMBER
INSPECTOR NAME/ID NUMBER	

SECTION 1 — CURRENTLY LICENSED AS *(Check one box.)*

- | | | |
|--|---|--|
| ☐ Driving School Instructor | ☐ Independent Driving Instructor | ☐ ATV Safety Instructor |
|--|---|--|

SECTION 2 — REASON FOR SUBMISSION *(Check all that apply.)*

- ☐ Transfer – Change of employing school. *ID card and license must be surrendered or application and fees will be returned. Not applicable for Independent Driving Instructors.*
- ☐ Replacement – Employing school has changed a name and/or address.
- ☐ Duplicate – Lost, Stolen or Mutilated, no other changes.
- ☐ Applicant Name or Address Change – Complete page 3, no fee required.

SECTION 3 — APPLICANT INFORMATION

PRESENT INSTRUCTOR LICENSE NUMBER		EXPIRATION DATE	
NAME OF APPLICANT		TELEPHONE NUMBER ()	
DRIVER LICENSE NUMBER	EXPIRATION DATE	BIRTHDATE	
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE
PREVIOUS SCHOOL/ORGANIZATION AND NUMBER		SCHOOL/ORGANIZATION ADDRESS	
NEW OR CURRENT SCHOOL/ORGANIZATION AND NUMBER		SCHOOL/ORGANIZATION ADDRESS	

SECTION 4 — COMPLETE THIS SECTION FOR TRANSFER OF DRIVING INSTRUCTOR

I request the Department of Motor Vehicles issue the above-named applicant a license as an instructor in my employ. If a license is issued, I will exercise careful supervision over his/her instructional activities while so employed.

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 (or declare) under penalty of perjury under the laws of the State of California that this school is in compliance with workers' compensation requirements, set forth in Section 3700 of the California Labor Code, regarding the above employee.

Indicate if ☐ SCHOOL VEHICLE or ☐ INSTRUCTOR'S VEHICLE will be used. (Check one or both.) For each vehicle, submit a Safety Inspection Report, OL 221A or OL 221M and Driving School Insurance Certificate, OL 207.

SIGNATURE OF OPERATOR OF NEW SCHOOL X	DATE
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SECTION 5 — COMPLETE THIS SECTION FOR TRANSFER OF ATV INSTRUCTOR

Above named applicant is being sponsored by my organization. I request the Department of Motor Vehicles issue this applicant a license as an instructor.

SIGNATURE OF ORGANIZATION'S PRINCIPAL X	DATE
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DMV USE ONLY	
OCCUPATIONAL LICENSING NUMBER	
FIRM NAME	

SECTION 6 — COMPLETE THIS SECTION FOR DUPLICATE

On or about _____ my Instructor's License was:

- | | |
|--|--|
| ☐ Lost | ☐ License Only |
| ☐ Stolen | ☐ ID Card Only |
| ☐ Mutilated (must be surrendered) | ☐ License and ID Card |

SECTION 7 — LICENSEE CERTIFICATION

I am currently employed at the above school location.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

APPLICANT'S SIGNATURE

DATE

X

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Print

Clear Form

DMV USE ONLY	
OCCUPATIONAL LICENSING NUMBER	
FIRM NAME	

REPORT OF CHANGE OF NAME AND/OR ADDRESS OF AN INSTRUCTOR

Instructions:

- Give employer's name, address and occupational license number as it appears on the license.
- Write new address on the reverse side of your license.
- **Mail completed and signed form to:** Department of Motor Vehicles, Occupational Licensing Section, P.O. Box 932342, Mail Station L224, Sacramento, CA 94232-3420.

IMPORTANT: A new license will not be issued. Do NOT surrender your license with the application to report a change of address and/or change of name.

REASON FOR SUBMISSION (Check all that apply.)

☐ Name Change ☐ Address Change

APPLICANT INFORMATION

FULL NAME AS SHOWN ON YOUR DRIVER LICENSE (PRINT FIRST, MIDDLE, LAST)

LIST PREVIOUS NAME, IF APPLYING FOR NAME CHANGE

DRIVER LICENSE NUMBER	EXPIRATION DATE	BIRTHDATE
NEW RESIDENCE ADDRESS (NUMBER AND STREET)	CITY	STATE ZIP CODE

DATE OF ADDRESS CHANGE

EMPLOYED BY (FIRM NAME)	OCCUPATIONAL LICENSE NUMBER
FIRM ADDRESS (NUMBER AND STREET)	CITY STATE ZIP CODE

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE X	DATE
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