



| FOR DMV USE ONLY | |
|-------------------------------|---------------------|
| OCCUPATIONAL LICENSING NUMBER | |
| ACR NUMBER | |
| DATE PERMIT ISSUED | DATE PERMIT EXPIRES |
| TOTAL FEE | |
| RECEIPT NO. | |
| INSPECTOR NAME, ID#, REGION | |

APPLICATION FOR MODIFICATION TO A DRIVING SCHOOL OWNER LICENSE AND ALL-TERRAIN VEHICLE SAFETY TRAINING ORGANIZATION

A — SCHOOL INFORMATION

| | |
|--|--------------------------------------|
| TRUE FULL NAME OF SOLE OWNER, ALL PARTNERS, CORPORATION, LIMITED LIABILITY COMPANY, OR ASSOCIATION | OCCUPATIONAL LICENSING NUMBER |
| DRIVING SCHOOL NAME (IF CHANGING OR ADDING NAME, LIST NEW NAME) | AREA CODE/TELEPHONE NUMBER () |
| ADDRESS (IF CHANGING ADDRESS OR ADDING BRANCH, LIST NEW ADDRESS) CITY STATE ZIP CODE | OFFICE HOURS |
| OPERATOR NAME | OPERATOR LICENSE NUMBER |

B — REASON FOR SUBMISSION *Check all that apply and complete the sections indicated.*

| | COMPLETE SECTIONS | | | | | COMPLETE SECTIONS | | | |
|--|-------------------|---|---|---|---|-------------------|---|---|---|
| | | E | F | G | | C | E | F | G |
| <input type="checkbox"/> Add Branch Location - \$70 | | | | | <input type="checkbox"/> Change of Address - \$70 | C | | | |
| <input type="checkbox"/> Add Classroom Only – No Fee | D | E | F | G | <input type="checkbox"/> Change of Name - \$70 | C | | | G |
| | | | | | <input type="checkbox"/> Duplicate License - \$15 | | | | G |

C — FORMER NAME OR ADDRESS

| |
|---|
| FORMER NAME |
| FORMER ADDRESS CITY STATE ZIP CODE |

D — CLASSROOM

| |
|--|
| CLASSROOM ADDRESS CITY STATE ZIP CODE |
|--|

E — PROPERTY USE APPROVAL *Must be completed by licensee.*

Does location meet all city and county property use requirements? YES NO
Attach the appropriate property use form completed by an official of the agency responsible for this location.

F — PROPERTY DATA

| | | | |
|--|--------------------------------|-----------|-------|
| PROPERTY IS – Check one box. | APPROXIMATE SQUARE FEET | | |
| <input type="checkbox"/> Leased <input type="checkbox"/> Rented <input type="checkbox"/> Owned | Office | Classroom | Total |
| LEASE OR RENTAL PERIOD | | | |

If property is leased or rented, complete the following and attach copies of the lease or rental agreement. If property is subleased, include a written authorization from the property owner.

| | |
|---|--------------------------------------|
| PROPERTY OWNER'S FULL NAME | AREA CODE/TELEPHONE NUMBER () |
| PROPERTY OWNER'S ADDRESS CITY STATE ZIP CODE | |

G — LICENSEE CERTIFICATION

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

| | |
|---|-------|
| PRINTED NAME OF SOLE OWNER, ANY PARTNER, CORPORATE OFFICER, LLC MEMBER, OR ASSOCIATION REPRESENTATIVE | TITLE |
| SIGNATURE OF SOLE OWNER, ANY PARTNER, CORPORATE OFFICER, LLC MEMBER, OR ASSOCIATION REPRESENTATIVE | DATE |

X

