STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

| | |
|---|---|
| TVS NUMBER | DATE RECEIVED |
| ACR NUMBER | DATE PERMIT /LIC ISSUED |
| APPLICATION FEE | DATE PERMIT EXPIRES |
| INSPECTOR NAME / ID NUMBER | |
| SUSPENSE RECEIPT NUMBER | |

# APPLICATION FOR MODIFICATIONS TO A TRAFFIC VIOLATOR SCHOOL LICENSE

***INSTRUCTIONS: Complete online or print copy and complete by hand using black or blue ink.***

## SECTION A — REASON FOR SUBMISSION *Check all that apply.*

| | COMPLETE SECTIONS | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ Adding Additional DBA – *Submit application and fee to your local Inspector office.* | B | C | | | | | H |
| ☐ Adding Type of Curriculum Course Offered – *See Section E for instructions.* | B | | | E | | | H |
| ☐ Change of Business Name /or DBA – *Submit application and fee to your local Inspector office.* | B | C | | | | | H |
| ☐ Change of Address – *Submit application and fee to your local Inspector office.* | B | | D | | | | H |
| ☐ Deleting Type of Curriculum Course Offered – *Mail application directly to the TVS Unit.* | B | | | | F | | H |
| ☐ Duplicate License – *Mail application and fee directly to the TVS Unit.* | B | | | | | G | H |

## SECTION B — SCHOOL INFORMATION

TRUE FULL NAME OF SOLE OWNER, PARTNERSHIP, CORPORATION, LLC MEMBER OR ADMINISTRATOR

TVS LICENSE NUMBER
**TVS**

CURRENT BUSINESS NAME OR DBA

AREA CODE/TELEPHONE NUMBER
( )

BUSINESS ADDRESS *(IF CHANGING ADDRESS, LIST NEW ADDRESS AND COMPLETE SECTION D)* CITY STATE ZIP CODE

## SECTION C — CHANGING BUSINESS NAME / OR DBA OR ADDING DBA ONLY

PROPOSED BUSINESS NAME OR DBA

## SECTION D — CHANGE OF ADDRESS ONLY

LIST FORMER BUSINESS ADDRESS CITY STATE ZIP CODE

1. Will classroom instruction be given at this location?..... ☐ Yes ☐ No

   Proposed starting date: _____ Classroom Telephone Number: ( ) _____

   ***NOTE:*** *Classes shall not be offered until official approval is received from Occupational Licensing. The classroom telephone number must be a current, operative number at the time of application.*

2. Does location meet all city and county property use requirement? ..... ☐ Yes ☐ No
   *If yes, attach form OL 140, completed by an official of the agency responsible for this address.*

**PROPERTY IS:** ***(Check one box.)***
☐ Leased ☐ Rented ☐ Owned

LEASE OR RENTAL PERIOD

| APPROXIMATE SQUARE FEET | | |
|---|---|---|
| Office Area | Classroom Area | Total Area |
| | | 0 |

*Attach a copy of the lease or rental agreement or evidence of property ownership. If property is subleased, also include a written authorization to sublease from the property owner.*

PROPERTY OWNER'S FULL NAME

AREA CODE/TELEPHONE NUMBER
( )

PROPERTY OWNER'S ADDRESS CITY STATE ZIP CODE



Print Clear Form

## SECTION E — ADDING TYPE OF CURRICULUM COURSE OFFERED

☐ Classroom *Submit application, completed OL 764 or OL 766, and fee to your local Inspector's office.*

☐ Internet *Mail application, completed OL 764 or OL 766, and fee directly to the TVS Unit.*

☐ Home Study *Mail application, completed OL 764 or OL 766, and fee directly to the TVS Unit.*

## SECTION F — DELETING TYPE OF CURRICULUM COURSE OFFERED

☐ Classroom *No fee. Mail application directly to the TVS Unit.*

☐ Internet *No fee. Mail application directly to the TVS Unit.*

☐ Home Study *No fee. Mail application directly to the TVS Unit.*

## SECTION G — DUPLICATE LICENSE AND/OR IDENTIFICATION CARD

| ***Check all that apply.*** | ***Check one box.*** | ***Check one box.*** |
|---|---|---|
| ☐ Owner | ☐ Wall License Only | ☐ Lost _____ DATE |
| ☐ Operator | ☐ Identification Card Only | ☐ Stolen _____ DATE |
| ☐ Instructor | ☐ Both Wall License and Identification Card | ☐ Mutilated *(must be surrendered)* |

## SECTION H — LICENSEE CERTIFICATION

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

| PRINTED NAME OF SOLE OWNER, PARTNERSHIP, CORPORATION, LLC MEMBER, OR ADMINISTRATOR | TITLE |
|---|---|
| AUTHORIZED SIGNATURE OF SOLE OWNER, PARTNERSHIP, CORPORATION, LLC MEMBER, OR ADMINISTRATOR<br>**X** | DATE |

Print Clear Form