

## APPLICATION FOR MODIFICATIONS TO A TRAFFIC VIOLATOR SCHOOL LICENSE

DMV USE ONLY	
TVS NUMBER	DATE RECEIVED
ACR NUMBER	DATE PERMIT /LIC ISSUED
APPLICATION FEE	DATE PERMIT EXPIRES
INSPECTOR NAME / ID NUMBER	
SUSPENSE RECEIPT NUMBER	

**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						
	B	C					H
<input type="checkbox"/> Adding Additional DBA – <i>Submit application and fee to your local Inspector office.</i>							
<input type="checkbox"/> Adding Type of Curriculum Course Offered – <i>See Section E for instructions.</i>				E			
<input type="checkbox"/> Change of Business Name /or DBA – <i>Submit application and fee to your local Inspector office.</i>		C					
<input type="checkbox"/> Change of Address – <i>Submit application and fee to your local Inspector office.</i>			D				
<input type="checkbox"/> Deleting Type of Curriculum Course Offered – <i>Mail application directly to the TVS Unit.</i>					F		
<input type="checkbox"/> Duplicate License – <i>Mail application and fee directly to the TVS Unit.</i>						G	H

### SECTION B — SCHOOL INFORMATION

TRUE FULL NAME OF SOLE OWNER, PARTNERSHIP, CORPORATION, LLC MEMBER OR ADMINISTRATOR	TVS LICENSE NUMBER <b>TVS</b>
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.) <input type="checkbox"/> Leased <input type="checkbox"/> Rented <input type="checkbox"/> Owned	APPROXIMATE SQUARE FEET		
	Office Area	Classroom Area	Total Area
LEASE OR RENTAL PERIOD			

*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



## 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

<i>Check all that apply.</i>	<i>Check one box.</i>	<i>Check one box.</i>
<input type="checkbox"/> Owner	<input type="checkbox"/> Wall License Only	<input type="checkbox"/> Lost _____ DATE
<input type="checkbox"/> Operator	<input type="checkbox"/> Identification Card Only	<input type="checkbox"/> Stolen _____ DATE
<input type="checkbox"/> Instructor	<input type="checkbox"/> Both Wall License and Identification Card	<input type="checkbox"/> Mutilated ( <i>must be surrendered</i> )

## 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

DATE

**X**