



# APPLICATION FOR OCCUPATIONAL LICENSE

ALL APPLICATION FEES ARE NON-REFUNDABLE  
Application Fee: \$151.00

**APPLICANT — Check one box only.**

- ☐ **Driving School Owner**  
(Before submitting application, please read "Driving School Handbook")
- ☐ **All-Terrain Vehicle Safety Training Organization**

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

## SECTION 1 — APPLICANT INFORMATION

FULL NAME OF INDIVIDUAL, PARTNERSHIP, CORPORATION, LIMITED LIABILITY COMPANY OR ASSOCIATION

SCHOOL/TRAINING ORGANIZATION NAME

TELEPHONE NUMBER

( )

STREET

CITY

STATE

ZIP CODE

OFFICE HOURS

## SECTION 2 — OWNERSHIP INFORMATION

**List name and title of individual; each partner (designate whether general or limited); each principal Officer and or Director, or Stockholder; each member participating in the direction, control and management of the policy of the business/association.**

FULL NAME (LAST, FIRST, MIDDLE)

TITLE

FULL NAME (LAST, FIRST, MIDDLE)

TITLE

FULL NAME (LAST, FIRST, MIDDLE)

TITLE

FULL NAME (LAST, FIRST, MIDDLE)

TITLE

FULL NAME (LAST, FIRST, MIDDLE)

TITLE

FULL NAME (LAST, FIRST, MIDDLE)

TITLE

FULL NAME (LAST, FIRST, MIDDLE)

TITLE

## SECTION 3 — OPERATOR INFORMATION (For Driving Schools Only)

**To be filled out by person actually in charge of management and operation of the school.**

FULL NAME (LAST, FIRST, MIDDLE)

TELEPHONE NUMBER

( )

STREET

CITY

STATE

ZIP CODE

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

Indicate below other locations where classroom instruction only will be given.

STREET

CITY

STREET

CITY

STREET

CITY

STREET

CITY



DMV USE ONLY									
OCCUPATIONAL LICENSING NUMBER									

## SECTION 4 — PROPERTY INFORMATION *(If property is LEASED or RENTED, complete the following)*

PROPERTY OWNER'S FULL NAME

OWNER'S STREET

CITY

STATE

ZIP CODE

PROPERTY OWNER'S FULL NAME

OWNER'S STREET

CITY

STATE

ZIP CODE

## SECTION 5 — FINANCIAL INFORMATION

**Instructions:** Check the box below, depending on whether ownership is individual, partnership, corporation, limited liability company, public adult school or community college/public agency or association.

- ☐ Individual
 ☐ Partnership
 ☐ Corporation
 ☐ Limited Liability Company
 ☐ Public Adult School or Community College/Public Agency
 ☐ Association

NAME OF FINANCIAL INSTITUTION

1.

ACCOUNT NUMBER

TELEPHONE NUMBER

( )

IF ACCOUNT IS NOT CARRIED UNDER SAME NAME AS SHOWN ON THIS APPLICATION, UNDER WHAT NAME IS IT CARRIED?

NAME OF PERSON AUTHORIZED TO DRAW FUNDS OR ISSUE CHECKS FROM ACCOUNTS

NAME OF FINANCIAL INSTITUTION

2.

ACCOUNT NUMBER

TELEPHONE NUMBER

( )

IF ACCOUNT IS NOT CARRIED UNDER SAME NAME AS SHOWN ON THIS APPLICATION, UNDER WHAT NAME IS IT CARRIED?

NAME OF PERSON AUTHORIZED TO DRAW FUNDS OR ISSUE CHECKS FROM ACCOUNTS

NAME OF FINANCIAL INSTITUTION

3.

ACCOUNT NUMBER

TELEPHONE NUMBER

( )

IF ACCOUNT IS NOT CARRIED UNDER SAME NAME AS SHOWN ON THIS APPLICATION, UNDER WHAT NAME IS IT CARRIED?

NAME OF PERSON AUTHORIZED TO DRAW FUNDS OR ISSUE CHECKS FROM ACCOUNTS

## SECTION 6 — OWNERSHIP CERTIFICATION

I/we agree to notify the department in writing immediately of any changes in location, ownership, or legal structure of this business and to submit new application papers properly reflecting the changes together with the required fees.

☐ I am the sole owner of \_\_\_\_\_ and that no other person is associated in the ownership of the business.
   
NAME OF BUSINESS

☐ We are co-partners in \_\_\_\_\_ and that no other person is associated in the ownership of the business.
   
NAME OF BUSINESS

☐ \_\_\_\_\_ is incorporated in the State of \_\_\_\_\_ and is authorized by the California Secretary of State to transact business in California.
   
NAME OF BUSINESS STATE OF INCORPORATION

☐ \_\_\_\_\_ is a Limited Liability Company in the State of \_\_\_\_\_ and our Limited Liability Company number is \_\_\_\_\_ and is authorized by the California Secretary of State to transact business in California.
   
NAME OF BUSINESS LIMITED LIABILITY STATE LIMITED LIABILITY NUMBER

☐ I am the administrator in charge of the Driving School for \_\_\_\_\_
   
NAME OF PUBLIC SCHOOL/COMMUNITY COLLEGE/PUBLIC AGENCY

☐ \_\_\_\_\_ is an association.
   
ASSOCIATION NAME

DMV USE ONLY									
OCCUPATIONAL LICENSING NUMBER									

## SECTION 6 — OWNERSHIP CERTIFICATION *(continued)*

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

AUTHORIZED SIGNATURE <b>X</b>	TITLE	DATE SIGNED
AUTHORIZED SIGNATURE <b>X</b>	TITLE	DATE SIGNED
AUTHORIZED SIGNATURE <b>X</b>	TITLE	DATE SIGNED
AUTHORIZED SIGNATURE <b>X</b>	TITLE	DATE SIGNED

### IMPORTANT NOTICE:

***Each*** person listed under “ownership” on this application must submit a Personal History Questionnaire (OL 29 B) and a LiveScan Fingerprint clearance receipt (DMV 8016) along with this application.

Any owner or officer who will give behind-the-wheel or classroom instruction, must file a separate Instructor Application (OL 16 I). The person actually managing the driving school must file a separate Operator’s Application (OL 217). I understand that any misrepresentations in this application shall be sufficient cause for its rejection and that any violation of Vehicle Code driving school laws, or the regulations adopted to carry out those laws, is grounds for the revocation or suspension of any driving school licenses issued as a result of approval of this application.

## SECTION 7 — APPLICANT CERTIFICATION

I am aware of the provisions of Section 11102 of the Vehicle Code relating to the responsibilities and requirements of a Driving School Owner or the principal in an All-Terrain Vehicle Safety Training Organization.

I am aware of the provisions of Section 3700 of the Labor Code which requires every employer to be insured against liability for workers’ compensation.

I agree to notify the Department in writing immediately of any change in location of this business or any addition or deletion of branch classroom locations and to include a complete description of the new location and name of the operator of this business. (Operator applies to Driving Schools only.)

I agree to notify the Department in writing immediately of any change in the ownership or in the legal structure of this business and on request from the Department to submit new application papers properly reflecting the changes together with the required fees.

I understand that the fee paid for this application is not refundable, whether or not a license is issued.

I understand that acceptance of this application and the granting of a license entitles the Department to enter any and all premises used by the school and to inspect any and all records maintained by the school, including bank records.

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

PRINTED NAME	TITLE
AUTHORIZED SIGNATURE <b>X</b>	DATE SIGNED

**NOTE:** to be signed by sole owner, partner, officer of corporation, member LLC, or administrator only.

To be witnessed by DMV Employee.

DMV WITNESS NAME
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