

DMV USE ONLY	
OCCUPATIONAL LICENSING NUMBER	
FIRM NAME	

## APPLICATION FOR RENEWAL OF TRAFFIC VIOLATOR SCHOOL INSTRUCTOR LICENSE

(This form is to be used in lieu of the Application for Renewal Card, OL 44.)

**Mail the following requirements to:** Occupational Licensing, Business Licensing Unit, P.O. Box 932342, MS L 224, Sacramento, CA 94232 (Incomplete applications will be rejected.)

### RENEWAL REQUIREMENTS:

1. Must be employed to be eligible to renew, 345.06 California Code of Regulations.
2. Completed Application for Renewal of Traffic Violator School Instructor License, OL 740
3. The Written Examination Certification section of this form completed OR proof of completion of 18 hours of continuing professional education.

### SECTION A — APPLICANT INFORMATION (TYPE OR PRINT YOUR TRUE FULL NAME)

NAME OF APPLICANT (FIRST, MIDDLE, LAST)		INSTRUCTOR NUMBER <b>TVI</b>	EXPIRATION DATE
RESIDENCE ADDRESS (NUMBER AND STREET) CITY		STATE ZIP CODE	DAYTIME PHONE NUMBER ( )
DRIVER LICENSE NUMBER	EXPIRATION DATE	SOCIAL SECURITY NUMBER	
SCHOOL NAME (DBA)			SCHOOL LICENSE NUMBER

*Collection of your social security number is mandatory. Failure to furnish the information requested will result in denial of processing an application for issuance or renewal of an occupational license or permit, pursuant to Business and Professions Code §30, subdivision (c).*

### SECTION B — BACKGROUND INFORMATION

Were you ever the holder of an occupational license issued by another state, authorizing the same or similar activities of a license, and that license was revoked or suspended for cause and was never reissued, or was suspended for cause, and the terms of suspension have not been fulfilled? ..... ☐ Yes ☐ No

If yes, describe type of license, license number, and state license was issued \_\_\_\_\_

**Including** traffic offenses, have you been **CONVICTED, FINED** or **PLACED ON PROBATION** for any crime or offense **either** Felony or Misdemeanor since issuance of last license? ..... ☐ Yes ☐ No

(Read **IMPORTANT NOTICE** and complete Section C)

#### IMPORTANT NOTICE

If you answered "Yes" to any of the above questions, list each separate offense by date of conviction, offense, court of jurisdiction and disposition in appropriate columns.

**TO EXPEDITE A REVIEW OF YOUR APPLICATION, YOU MAY SUBMIT A COPY OF THE ARRESTING AGENCY REPORT AND A CERTIFIED COPY OF THE COURT DOCUMENTS.**

Even if you were pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4, or any other federal or state law equivalent, you must disclose the conviction. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, **YOU MUST STILL DISCLOSE THE CONVICTION**. Failure to disclose all convictions, including those out-of-state or out of country may result in the cancellation of the temporary permit and may result in the refusal of the occupational license. Listing all conviction information may not necessarily preclude you from receiving a license.

**Applicant Initials** \_\_\_\_\_

**FAILURE TO INITIAL WILL DELAY PROCESSING OF THIS APPLICATION**



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## SECTION C — MISDEMEANOR OR FELONY CONVICTIONS

**IMPORTANT  
NOTE**

A background investigation will be made. Failure to disclose ALL convictions, fines, or probations, including those out-of-state, will result in the cancellation of the temporary permit and may result in a refusal of the appropriate license.

**IMPORTANT  
NOTE**

CONVICTION DATE	CONVICTED OF	COURT OF JURISDICTION (FULL NAME AND ADDRESS)	DISPOSITION OF OFFENSE (DESCRIBE SENTENCE)			
			Amount Fined	Term of Probation	Jail or Prison Term	Date Released

## SECTION D — EMPLOYING LICENSEE'S CERTIFICATION(S)

SCHOOL NAME (DBA)		OL NUMBER/EXPIRATION DATE	
		<b>E</b>	
MAILING ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE

### Written Examination Certification

**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 that I am the owner, operator or designated representative of the employing licensee named herein and that the licensee named herein has been administered and successfully passed a written examination in accordance with §345.23 of the California Code of Regulations and §11207 of the California Vehicle Code.*

OWNER/OPERATOR NAME (PLEASE PRINT)	<input type="checkbox"/> Owner <input type="checkbox"/> Operator
AUTHORIZED SIGNATURE <b>X</b>	DATE

### Employment Certification

**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 that I am the designated representative of the employing licensee named herein. It is my intention to retain employment of the above named applicant when he/she receives a temporary permit or license from the Department of Motor Vehicles.*

OWNER/OPERATOR NAME (PLEASE PRINT)	<input type="checkbox"/> Owner <input type="checkbox"/> Operator
AUTHORIZED SIGNATURE <b>X</b>	DATE

## SECTION E — APPLICANT CERTIFICATION

**I 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>	DATE
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