



# APPLICATION FOR TRAFFIC VIOLATOR SCHOOL OPERATOR AND INSTRUCTOR LICENSE

DMV USE ONLY	
TVS NUMBER	
DATE PERMIT ISSUED	DATE PERMIT EXPIRES
TOTAL FEE	SUSPENSE RECEIPT NUMBER
ISSUED BY	INSP/TECH NUMBER

## SECTION A — TYPE LICENSE AND APPLICATION *Check all that apply.*

### OPERATOR

ORIGINAL    ADDITIONAL    REINSTATEMENT

Applicant      *Complete Sections B & F*  
Owner/Operator   *Complete Sections C & D*

### INSTRUCTOR

ORIGINAL    ADDITIONAL    REINSTATEMENT

Applicant      *Complete Sections B & F*  
Owner/Operator   *Complete Sections C & \*E*

## SECTION B — APPLICANT INFORMATION

TRUE FULL NAME (LAST, FIRST, MIDDLE)		DAYTIME CONTACT TELEPHONE NUMBER (   )	
MAILING ADDRESS	CITY	STATE	ZIP CODE
RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
IF APPLYING FOR AN ADDITIONAL LICENSE, LIST CURRENT TVS <b>OPERATOR</b> LICENSE(S)	IF APPLYING FOR AN ADDITIONAL LICENSE, LIST CURRENT TVS <b>INSTRUCTOR</b> LICENSE(S)		

## SECTION C — EMPLOYER CERTIFICATION

SCHOOL NAME (DBA)	TVS NUMBER		
SCHOOL ADDRESS	CITY	STATE	ZIP CODE
BUSINESS OFFICE HOURS	AREA CODE/TELEPHONE NUMBER (   )		

***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 and /or current operator of the employing licensee named herein. It is my intention to employ the above named applicant when he/she receives a temporary permit or license from the Department of Motor Vehicles.***

PRINTED NAME OF OWNER/OPERATOR (OPERATOR CANNOT SIGN FOR HIMSELF/HERSELF UNLESS HE/SHE IS THE OWNER)	<input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR
OWNER/OPERATOR SIGNATURE <b>X</b>	DATE

## SECTION D — CERTIFICATION FOR OPERATOR LICENSE

***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 the licensee name herein has the knowledge necessary to perform the duties of an operator.***

OWNER SIGNATURE <b>X</b>	DATE
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## SECTION E — CERTIFICATION FOR INSTRUCTOR LICENSE      *\*For Original and Reinstatement applications only.*

***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 the licensee name herein has been administered and successfully passed a written examination.***

OWNER/OPERATOR SIGNATURE <b>X</b>	DATE
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## SECTION F — 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.***

SIGNATURE <b>X</b>	DATE
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