



## TRAFFIC VIOLATOR SCHOOL CLASSROOM LEASE OR RENTAL AGREEMENT

DMV USE ONLY	
OCCUPATIONAL LICENSING NUMBER	
FIRM NAME	

**INSTRUCTIONS:** This form may be used in lieu of a classroom lease or rental agreement as required pursuant to California Code of Regulations, Section 345.15 (a)(2).

1. TVS Owner completes Sections 1 and 2

Additional items required:

- Property Use Verification for a Driving School or Traffic Violator School License, OL 140
- Traffic Violator School Branch Office/Classroom Application, OL 712
- Official Classroom Location Schedule, OL 854

2. Property owner or property representative completes Section 3

### SECTION 1 — TVS SCHOOL INFORMATION *To be completed by TVS Owner*

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

### SECTION 2 — CLASSROOM ADDRESS *To be completed by TVS Owner*

CLASSROOM ADDRESS	ROOM NAME OR NUMBER	CITY	STATE	ZIP CODE	PROPOSED STARTING DATE*
PRINTED NAME OF TVS OWNER					CLASSROOM TELEPHONE NUMBER** ( )
SIGNATURE OF TVS OWNER <b>X</b>					DATE

### SECTION 3 — CLASSROOM/PROPERTY INFORMATION *To be completed by property owner or property representative*

NAME OF FACILITY OR BUSINESS	TYPE OF FACILITY (HOTEL, ETC.)
------------------------------	--------------------------------

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Is the lighting adequate for reading? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Describe the seating and writing facilities: .....  |                          |                          |
| 3. Approximate square footage of classroom: Width: _____ ft. X Length: _____ = _____ sq. ft.   |                          |                          |
| 4. The maximum occupancy permitted by local authorities when the facility is used for a classroom is _____<br><i>Attach any evidence or documentation available which will confirm the maximum occupancy established by local authorities.</i> |                          |                          |
| 5. The maximum seating capacity is _____   |                          |                          |
| 6. Is the classroom accessible to students with disabilities? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are sanitary and properly maintained restroom facilities readily accessible to <b>students with disabilities</b> ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is parking or public transit readily accessible to students with disabilities? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is alcohol consumption or advertising prohibited in the classroom location? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does this classroom comply with safety regulations and meet all requirements of state law and local ordinances? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

PROPERTY OWNER'S FULL NAME		AREA CODE/TELEPHONE NUMBER ( )	
PROPERTY OWNER'S ADDRESS	CITY	STATE	ZIP CODE
PRINTED FULL NAME OF CONTACT PERSON ***		DAYTIME TELEPHONE NUMBER ( )	
PRINTED NAME OF PERSON AUTHORIZING CLASSROOM USE	SIGNATURE OF PERSON AUTHORIZING CLASSROOM USE <b>X</b>	DATE	

\* Classes shall not be used until official approval is received.

\*\* The classroom telephone number must be a current operative number at the time of application.

\*\*\*The contact person listed should be an individual who has knowledge of the agreement for classroom use.

