STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

DMV USE ONLY
OCCUPATIONAL LICENSING NUMBER
FIRM NAME

TRAFFIC VIOLATOR SCHOOL CLASSROOM LEASE OR RENTAL AGREEMENT

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 X					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?	☐	☐
2. Describe the seating and writing facilities: _____		
3. Approximate square footage of classroom: Width: _____ ft. X Length: _____ = 0 sq. ft.		
4. The maximum occupancy permitted by local authorities when the facility is used for a classroom is _____ *Attach any evidence or documentation available which will confirm the maximum occupancy established by local authorities.*		
5. The maximum seating capacity is _____.		
6. Is the classroom accessible to students with disabilities?	☐	☐
7. Are sanitary and properly maintained restroom facilities readily accessible to **students with disabilities**?	☐	☐
8. Is parking or public transit readily accessible to students with disabilities?	☐	☐
9. Is alcohol consumption or advertising prohibited in the classroom location?	☐	☐
10. Does this classroom comply with safety regulations and meet all requirements of state law and local ordinances?	☐	☐

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 X	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.*

Print Clear Form