



TRAFFIC VIOLATOR SCHOOL QUARTERLY REPORT

Instructions: Mail this form and the student's course evaluation to:

Department of Motor Vehicles
Attn: TVS Report/Evaluations
P. O. Box 934345 MS J152
Sacramento, CA 94232-3450

SECTION A — TVS INFORMATION

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

REPORTING YEAR

FOR CALENDAR QUARTER OF (check one box):

- ☐ 1st Quarter January, February, March, *due by April 30th*
☐ 2nd Quarter April, May, June, *due by July 30th*
☐ 3rd Quarter July, August, September, *due by October 30th*
☐ 4th Quarter October, November, December, *due by January 30th*

SECTION B — CLASSROOM STATISTICS

- Total number of students instructed
- Total number failing to complete the course
- Total number failing the final exam
- Total number failing the final exam 2nd attempt
- Total number of student evaluations enclosed

SECTION C — HOME STUDY STATISTICS

- Total number of students instructed
- Total number failing to complete the course
- Total number failing the final exam
- Total number failing the final exam 2nd attempt
- Total number of student evaluations enclosed

SECTION D — INTERNET STATISTICS

- Total number of students instructed
- Total number failing to complete the course
- Total number failing the final exam
- Total number failing the final exam 2nd attempt
- Total number of student evaluations enclosed

SECTION E — 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 all of the student evaluations collected by this school for the stated quarter and modality have been submitted with these statistics, pursuant to California Code of Regulations (CCR) section 345.30(d)(3) and 345.30(d)(4).

PRINTED NAME OF OWNER, OPERATOR, OR AUTHORIZED REPRESENTATIVE	SIGNATURE OF OWNER, OPERATOR, OR AUTHORIZED REPRESENTATIVE	DATE
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