



TRAFFIC VIOLATOR SCHOOL  
PUBLIC SCHOOL INSTRUCTOR  
CERTIFICATION/DELETION

☐ CERTIFICATION ☐ DELETION

OL NUMBER

NAME OF PUBLIC SCHOOL

SCHOOL D.B.A. NAME

SCHOOL ADDRESS (STREET, CITY, ZIP)

TVS LICENSE NUMBER

COMPLETE THIS SECTION IF DELETING AN INSTRUCTOR

NAME OF INSTRUCTOR (FIRST, MIDDLE, LAST)

DRIVER LICENSE NUMBER

DATE OF TERMINATION OF EMPLOYMENT

COMPLETE THIS SECTION IF CERTIFYING AN INSTRUCTOR

NAME OF INSTRUCTOR (FIRST, MIDDLE, LAST)

RESIDENCE ADDRESS (STREET, CITY, ZIP)

DRIVER LICENSE NUMBER

EXPIRATION DATE OF LICENSE

EFFECTIVE DATE OF EMPLOYMENT

IS INSTRUCTOR CONCURRENTLY EMPLOYED AT ANY OTHER TRAFFIC VIOLATOR SCHOOL  
☐ Yes ☐ No

IF YES, WHAT IS THE D.B.A. OF THE OTHER SCHOOL(S) (IF YES, ATTACH LETTERS OF ACKNOWLEDGEMENT FROM EACH SCHOOL IN ACCORDANCE WITH 345.13 CALIFORNIA CODE OF REGULATIONS)

The Instructor's qualification to teach is based upon:

☐ TVS Instructor License TVI \_\_\_\_\_

☐ Teaching Credential (attach a copy)

IF QUALIFICATION IS BASED UPON A CREDENTIAL, WHAT TRAINING OR EXPERIENCE IN TRAFFIC SAFETY DOES THE INSTRUCTOR HAVE?

***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

INSTRUCTOR SIGNATURE

**X**

DATE

***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 under penalty of perjury under the laws of the State of California that I am the administrator in charge.***

NAME OF ADMINISTRATOR

AUTHORIZED SIGNATURE

**X**

DATE

