

DRIVING SCHOOL OPERATOR LICENSE RENEWAL APPLICATION

FEE — \$101.00

DMV USE ONLY	
OCCUPATIONAL LICENSING NUMBER	
ACR NUMBER	
DATE PERMIT ISSUED	DATE PERMIT EXPIRES
TOTAL FEE	RECEIPT NUMBER
INSPECTOR NAME/ID NUMBER	

Instructions: This renewal application, completed in its entirety, and fee must be submitted to the department **before the expiration date of your license** or this license will be canceled. If canceled, an original application must be filed pursuant to *California Vehicle Code (CVC) §11105.3*.

SECTION 1 — OPERATOR INFORMATION

OPERATOR'S NAME	OPERATOR LICENSE NUMBER
RESIDENT ADDRESS	LICENSE EXPIRES
CITY	STATE ZIP CODE
TELEPHONE NUMBER ()	

SECTION 2 — DRIVING SCHOOL INFORMATION

ENTER THE NAME OF THE DRIVING SCHOOL YOU OPERATE	SCHOOL LICENSE NUMBER
ENTER THE ADDRESS OF THE DRIVING SCHOOL	LICENSE EXPIRES
CITY	STATE ZIP CODE
TELEPHONE NUMBER ()	

SECTION 3 — OPERATOR WRITTEN TEST

An operator written examination may be required pursuant to CVC §11105(a)(2). You may call Occupational Licensing at (916) 229-3157 to determine if a test is required.

Check the appropriate box:

- ☐ I elect to take a written examination by the department to complete my renewal.
- Contact your local inspector to administer the operator written examination.
Note to Inspector: Attach examination results to renewal when forwarding to Occupational Licensing.
- ☐ I completed a Continuing Professional Education/Seminar approved by the department in lieu of taking the operator written examination.
- Attach original completion certificate and mail to the address below.
- ☐ I have previously within the last year completed the requirements for renewal of my operator license.
- Attach a copy of completion certificate and mail to the address below.
 - Enter the date of last written examination and mail to the address below. _____

DATE

Department of Motor Vehicles
 Occupational Licensing Section
 P.O. Box 932342, MS L 224
 Sacramento, CA 94232-3420

DMV USE ONLY	
OCCUPATIONAL LICENSING NUMBER	
FIRM NAME	

SECTION 4 — BACKGROUND INFORMATION — *Attach separate sheet if additional space is needed.*

1. In the past twelve (12) months have you been convicted of any crime other than traffic violations?☐ YES ☐ NO

2. Have you entered pleas of guilty or nolo contendere (no contest) to any criminal charge?☐ YES ☐ NO

IF YES, GIVE FULL DETAILS AND INCLUDE DATES AND PLACES OF ARREST, REASONS FOR ARREST AND COURT DISPOSITION

3. Are you now involved in any court proceedings on a traffic morals or other criminal charge?☐ YES ☐ NO

IF YES, EXPLAIN FULLY.

SECTION 5 — CERTIFICATION

Initials

1. I understand that any misrepresentations in this application shall be sufficient cause for its rejection and that any violations of driving school laws in the CVC, or of the regulations adopted to put into effect such laws, shall be grounds for the revocation or suspension of an Driving School Operator License issued as a result of approval of this application.

2. I am aware of the provisions of §3700 of the *Labor Code* which require every employer to be insured against liability for Worker's Compensation.

3. I understand that I must immediately report any subsequent changes in the answers on this application to the Department of Motor Vehicles, Occupational Licensing Section.

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 (or declare) under penalty of perjury under the laws of the State of California that I am the Operator of the above named driving school and that the answers and statements given in this application are true and correct.

OPERATOR'S SIGNATURE

X

DATE SIGNED