

DMV USE ONLY	
DATE RECEIVED	ISSUED BY
AMOUNT PAID	CHECK OR M.O. NUMBER
PROGRAM CERTIFICATE APPROVAL NUMBER	

REQUEST FOR APPROVAL OF TVS EDUCATIONAL PROGRAM

Instructions:

- Print clearly in blue or black ink or type.
- TVS education program must include all topics and sub-topics found in the OL 613, Outline of Required Topics and Standards for Approved Traffic Violator School Course.
- A list detailing all materials being submitted. Identify all materials with your name, address, and telephone number.
- Mail completed and signed form along with the list of material being submitted, TVS educational program, and fee to: Department of Motor Vehicles, Occupational Licensing Branch, P.O. Box 932342, MS L224, Sacramento, CA 94232-3420.

SECTION A — PROGRAM INFORMATION

Check one box on each side. A separate OL 764 is required for each type of program submitted for approval.

<input type="checkbox"/> Original	<input type="checkbox"/> Classroom \$475	<input type="checkbox"/> Home Study \$800	<input type="checkbox"/> Internet \$800
<input type="checkbox"/> Revision	<input type="checkbox"/> Classroom \$250	<input type="checkbox"/> Home Study \$250	<input type="checkbox"/> Internet \$250

INTERNET EDUCATIONAL PROGRAMS ONLY

ACCESS LOCATION (URL)	USERNAME	PASSWORD
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SECTION B — APPLICANT INFORMATION

TRUE FULL NAME (LAST, FIRST, MIDDLE)			
MAILING ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	AREA CODE / TELEPHONE NUMBER ()		
TVS SCHOOL NAME (IF APPLICABLE)	TVS NUMBER (IF APPLICABLE)		

SECTION C — APPLICANT 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 the TVS education program submitted for approval meets the submission requirements for TVS training found in the California Code of Regulations in Title 13, Division 1, Chapter 1, Article 4.7, Section 345.31 and meets the criteria found in the OL 613, Outline of Required Topics and Standards for Approved Traffic Violator School Course.

I further certify that the course material submitted for approval is an original educational program which I have exclusively drawn together with the exception for any inserted copywritten information and I have received written permission to use this protected material, which has been clearly identified in the course program and is credited to its source.

SIGNATURE X	PRINTED NAME	DATE
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FOR OFFICIAL DMV OR CONTRACT AGENT USE ONLY

<input type="checkbox"/> First Rejection	AGENT'S SIGNATURE X	PRINTED NAME	DATE
<input type="checkbox"/> Final Rejection	AGENT'S SIGNATURE X	PRINTED NAME	DATE
<input type="checkbox"/> Approved	AGENT'S SIGNATURE X	PRINTED NAME	DATE