



TRAFFIC VIOLATOR SCHOOL INSTRUCTOR WRITTEN TEST ORDER FORM

INSTRUCTIONS:

- Please print in black ink or type.
- Completed order forms may be mailed or faxed to DMV at the address or fax number listed below:

Department of Motor Vehicles
Occupational Licensing Unit
P.O. Box 932342, MS L 224
Sacramento, CA 94232-3420
Fax: (916) 229-4729

Please send _____ Traffic Violator School Instructor Written Tests to:
QUANTITY (Maximum order 20)

SCHOOL NAME	TVS NUMBER
SCHOOL ADDRESS (MUST BE ADDRESS OF RECORD)	DATE LICENSE EXPIRES
CITY	STATE
ZIP CODE	AREA CODE/TELEPHONE NUMBER ()
OWNER'S NAME	DATE
OWNER'S SIGNATURE	TITLE

Note: Allow 4 - 6 weeks to process your order. Courier Service will deliver all orders. Someone must be present to receive and sign for shipment.

FOR DEPARTMENTAL USE ONLY	
ISSUING EMPLOYEE'S NAME	DATE SENT

