



APPLICATION FOR TRAFFIC VIOLATOR SCHOOL (TVS) ADMINISTRATOR CHANGE

OCCUPATIONAL LICENSE NUMBER	
FOR DEPARTMENT USE	
TOTAL FEE	RECEIPT NUMBER
ISSUED BY	

NAME OF PUBLIC ADULT SCHOOL OR COMMUNITY COLLEGE/PUBLIC AGENCY				TVS NUMBER	
SCHOOL NAME (DBA)				TELEPHONE NUMBER ()	
BUSINESS OFFICE ADDRESS		CITY	COUNTY	STATE	ZIP CODE
BRANCH BUSINESS OFFICE ADDRESS		CITY		STATE	ZIP CODE
NAME OF NEW ADMINISTRATOR					
NAME OF FORMER ADMINISTRATOR					
EFFECTIVE DATE OF ADMINISTRATOR CHANGE					

OTHER INFORMATION REGARDING NEW ADMINISTRATOR:

1. Driver License Number: _____
2. Residence Address: _____
3. Business Telephone Number: _____

APPLICANT CERTIFICATION

I am the administrator in charge of (name of public school/community college/association) _____.

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

SIGNATURE	DATE
X	

