

DMV USE ONLY	
TVS NUMBER	
NAME	

## OFFICIAL CLASSROOM LOCATION SCHEDULE

**IMPORTANT – READ CAREFULLY:** Please print clearly in blue or black ink or type. This form or facsimile must be completed in its entirety and submitted with the following or it will be returned to you.

**Instructions:** Pursuant to Sections 345.40(a) and 345.40(b) California Code of Regulations.

1. Submit a separate form for each classroom location or attach to this form a list of all classroom locations. **Each page attached must contain the information required in Sections A thru D.**
2. This form must be filed with the department a minimum of 15 days prior to:
  - Any class being conducted by any new school
  - Any new classroom location being used by any school
  - The beginning of each calendar month after a school begins operation.

**Mail to:** Department of Motor Vehicles, Traffic Violator School Unit, P.O. Box 932342 MS L224, Sacramento, CA 94232-3420.

**Notice:** Any school that fails to submit schedules shall have its name removed from all judicial districts on the department's Occupational Licensing Status Information System, pursuant to Vehicle Code Section 11205 (a) and Section 340.40 (d), California Code of Regulations.

### SECTION A — BUSINESS INFORMATION

NAME OF SCHOOL	TVS NUMBER	AREA CODE/TELEPHONE NUMBER (    )
BUSINESS ADDRESS WHERE SCHOOL RECORDS ARE STORED	CITY	STATE      ZIP CODE

### SECTION B — CLASSROOM LOCATION *See above instructions.*

CLASSROOM STREET ADDRESS	CITY	STATE	ZIP CODE	ROOM
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### SECTION C — LIST ALL CLASS DATES FOR THIS LOCATION

CLASS DATE	CLASS HOURS	INSTRUCTIONAL LANGUAGE

### SECTION D — 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.**

PRINTED NAME OF OWNER OR OPERATOR	TITLE
SIGNATURE OF OWNER OR OPERATOR	DATE

