



# APPLICATION FOR APPROVAL OF MATURE DRIVER IMPROVEMENT COURSE

FOR DEPARTMENTAL USE	
DATE FEE AND LESSON PLAN RECEIVED	
DATE OF APPROVAL	
PROVIDER ID NUMBER	
ISSUED BY	

Submit completed application with non-refundable application fee of \$500.00 and a copy of the proposed lesson plan to:

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

## SECTION 1 — TYPE OF PROGRAM PROVIDED

Classroom       Non-Classroom       Both

## SECTION 2 — MAIN OFFICE

NAME OF INDIVIDUAL, PARTNERS, CORPORATION, OR ASSOCIATION

BUSINESS NAME	BUSINESS TELEPHONE NUMBER (    )	
BUSINESS OFFICE ADDRESS	CITY	STATE    ZIP CODE
MAILING ADDRESS	CITY	STATE    ZIP CODE

## SECTION 3 — MANAGER/ADMINISTRATOR — *To be completed and signed by person responsible for the program and who would be contacted by the public and DMV.*

LAST NAME (PLEASE PRINT)	FIRST	MIDDLE	HOME TELEPHONE NUMBER (    )		
EMAIL ADDRESS					
RESIDENCE ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE		
DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
DRIVER LICENSE/IDENTIFICATION NUMBER	ISSUING STATE	EXPIRATION DATE			

*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	TITLE
SIGNATURE <b>X</b>	DATE SIGNED

The above provider ID number is to be placed on all completion certificates issued and on all correspondence with DMV. Once an ID number is issued, this form provides evidence of approval of the course submitted by the applicant. The applicant/course provider is responsible for the delivery, instruction, and content of his/her mature driver improvement course. This course approval form should be retained as part of the business records. A Mature Driver Improvement Course Certificate Order Form, OL 1005 must be submitted to the department each time certificates are purchased.

## SECTION 4 — APPLICANT CERTIFICATION — *To be completed and signed by an individual, partner, principal corporate officer, or administrator.*

*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 curriculum provided in this course complies with the requirements of California Vehicle Code (CVC) §1675, and §§346.04 and 346.06 of Title 13 of the California Code of Regulations (CCR). (Perjury is punishable by imprisonment, fine or both.)*

PRINTED NAME	TITLE
SIGNATURE <b>X</b>	DATE SIGNED
EMAIL ADDRESS	

