

MATURE DRIVER IMPROVEMENT COURSE CERTIFICATE, OL 1001 ORDER FORM

Instructions:

- Print clearly in black ink or type.
- This order form will only be accepted for ordering Mature Driver Improvement Course Certificates. Any changes made to this order form for a different type will **not** be accepted, and incomplete order forms will **not** be filled.
- Mail completed order form to: Department of Motor Vehicles, Business Licensing Unit, Mail Station L224, P.O. Box 932342, Sacramento, CA 94232-3420

Important: Pursuant to Section 1677(c) CVC, no course provider approved under this article shall do any of the following:

Furnish course completion certificates to course enrollees prior to, or in the absence of, completion of the curriculum, or charge fees in excess of the amounts specified in Section 1676(a) and (c) of the CVC.

Please send	Mature Driver	Improvement Co	ourse Certificat	es to:	
NUMBER (OF BOOKS (CERTIFICATES SC	OLD IN BOOKS OF 100 ONLY.	THE FEE IS \$100.00 PER B	IOOK.)	
BUSINESS NAME			PF	ROVIDER I	ID NUMBER
BUSINESS ADDRESS		MAIL TO ADDRESS (IF AL	 JTHORIZED BY DMV)		
CITY	STATE ZIP CODE	CITY	ST	TATE	ZIP CODE
I certify (or declare) under penalty of p Must be signed by an individual, part				ng is tr	ue and correct.
PRINTED NAME		TITLE		REA CODE	TELEPHONE NUMBER
SIGNATURE) PATE	
Note: Allow 4 – 6 weeks to process you and sign for shipment.	ur order. Courier Service	will deliver all order	rs. Someone mus	t be pr	esent to receive
If the above address differs from our r Number.	ecords, please submit ch	nanges on business	letterhead and in	nclude	the Provider ID
FOR DEPARTMENTAL USE ONLY-	- Complete this section wh	nen issuing Mature D	Oriver Improvemer	nt Cour	se Certificates.
DATE ORDER RECEIVED	BEGINNING NUMBER	END	DING NUMBER		
PAID BY Check	☐ Other	AMC	OUNT ENCLOSED		
DATE SENT TO SCHOOL	ISSUING EMPLOYEE'S PRINTED NA	AME ISSU	UING EMPLOYEE'S SIGNAT	TURE	