

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.

I	Please send			Improvement Course Certif		
BUSINESS NAME					PROVIDER I	ID NUMBER
BUSINESS ADDRESS				MAIL TO ADDRESS (IF AUTHORIZED BY DMV))	
CITY	STA	ΛTE	ZIP CODE	CITY	STATE	ZIP CODE
				ne State of California that the fore ficer, manager, or administrator.		ertelephone number
SIGNATURE					DATE	
Note: Allow 4 – 6 and sign for ship		der. Co	ourier Service	will deliver all orders. Someone	must be pr	resent to receive
If the above add Number.	ress differs from our record	ds, ple	ase submit ch	nanges on business letterhead a	and include	the Provider ID

FOR DEPARTMENTAL USE ONLY- Complete this section when issuing Mature Driver Improvement Course Certificates.							
DATE ORDER RECEIVED	BEGINNING NUMBER	ENDING NUMBER					
PAID BY		AMOUNT ENCLOSED					
Check Money Order	□ Other						
DATE SENT TO SCHOOL	ISSUING EMPLOYEE'S PRINTED NAME	ISSUING EMPLOYEE'S SIGNATURE					