

## DMV LICENSED DRIVING SCHOOL DRIVING SCHOOL CERTIFICATE DL 400B, DL 400C, DL 400D, and OL 800 ORDER FORM

#### Instructions:

CITY

- Print clearly in blue or black ink or type.
- This order form will only be accepted for DMV Licensed Driving Schools ordering Certificate of Completion of Driver Education, DL 400B, Certificate of Completion of Non-Classroom Driver Education, DL 400C, Certificate of Completion of Behind-The-Wheel Training, DL 400D, and Student License, OL 800. Any changes made to this order form for a different type of certificate will not be accepted, and incomplete order forms will not be filled.
- Order the amount of certificates needed for a 12-month period and complete the appropriate sections for the type of certificate(s) being ordered. The number of certificates requested may be reduced based on usage reported for the last 12-month period.
- Mail completed order form to: Department of Motor Vehicles, Business Licensing Unit, P.O. Box 932342, Mail Station L224, Sacramento, CA 94232-3420.

| Please send      | Certificate of Completion of Driver<br>(CERTIFICATES IN BOOKS OF 100 ONLY)       | Education, DL 400B to:                 |           |
|------------------|--|--|-----------|
|                  | Certificate of Completion of Non-C<br>(CERTIFICATES IN BOOKS OF 100 ONLY)        | Classroom Driver Education, DL 40      | 00C to:   |
| Please send      | ease send Certificate of Completion of Behind-The-Wheel Training, DL 400D to:    |  |           |
|                  | _ Student License, OL 800 to:<br>(S (STUDENT LICENSES SOLD IN BOOKS OF 25 ONLY.) | THE FEE IS \$50.00 PER BOOK.)          |           |
| SCHOOL NAME      |  |  | DS NUMBER |
|                  |  |  |           |
| BUSINESS ADDRESS |  | MAIL TO ADDRESS (IF AUTHORIZED BY DMV) |           |

#### **CERTIFICATE OF COMPLETION OF DRIVER EDUCATION, DL 400B**

STATE

ZIP CODE

Please enter the first number, the last number, and dates of the **DL 400B** certificates used for a 12-month period prior to the date of this request.

CITY

STATE

ZIP CODE

| •                        |      |                         |      |
|--------------------------|------|-------------------------|------|
| FIRST CERTIFICATE NUMBER | DATE | LAST CERTIFICATE NUMBER | DATE |
| FIRST CERTIFICATE NUMBER | DATE | LAST CERTIFICATE NUMBER | DATE |
| FIRST CERTIFICATE NUMBER | DATE | LAST CERTIFICATE NUMBER | DATE |
| FIRST CERTIFICATE NUMBER | DATE | LAST CERTIFICATE NUMBER | DATE |

#### **CERTIFICATE OF COMPLETION OF NON-CLASSROOM DRIVER EDUCATION, DL 400C**

Please enter the first number, the last number, and dates of the **DL 400C** certificates used for a 12-month period prior to the date of this request.

| FIRST CERTIFICATE NUMBER | DATE | LAST CERTIFICATE NUMBER | DATE |
|--------------------------|------|-------------------------|------|
| FIRST CERTIFICATE NUMBER | DATE | LAST CERTIFICATE NUMBER | DATE |
| FIRST CERTIFICATE NUMBER | DATE | LAST CERTIFICATE NUMBER | DATE |
| FIRST CERTIFICATE NUMBER | DATE | LAST CERTIFICATE NUMBER | DATE |

#### CERTIFICATE OF COMPLETION OF BEHIND-THE-WHEEL TRAINING, DL 400D

Please enter the first number, the last number, and dates of the **DL 400D** certificates used for a 12-month period prior to the date of this request.

| FIRST CERTIFICATE NUMBER | DATE | LAST CERTIFICATE NUMBER | DATE |
|--------------------------|------|-------------------------|------|
| FIRST CERTIFICATE NUMBER | DATE | LAST CERTIFICATE NUMBER | DATE |
| FIRST CERTIFICATE NUMBER | DATE | LAST CERTIFICATE NUMBER | DATE |
| FIRST CERTIFICATE NUMBER | DATE | LAST CERTIFICATE NUMBER | DATE |

### **STUDENT LICENSE, OL 800**

Please enter the first number, the last number, and dates of the **OL 800** licenses used for a 12-month period prior to the date of this request.

| •                            |      |                             |      |
|------------------------------|------|-----------------------------|------|
| FIRST STUDENT LICENSE NUMBER | DATE | LAST STUDENT LICENSE NUMBER | DATE |
| FIRST STUDENT LICENSE NUMBER | DATE | LAST STUDENT LICENSE NUMBER | DATE |
| FIRST STUDENT LICENSE NUMBER | DATE | LAST STUDENT LICENSE NUMBER | DATE |
| FIRST STUDENT LICENSE NUMBER | DATE | LAST STUDENT LICENSE NUMBER | DATE |

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

Must be signed by the driving school owner or driving school operator of record.

| PRINTED NAME | TITLE | AREA CODE/TELEPHONE NUMBER |
|--------------|-------|----------------------------|
|              |       | ( )                        |
| SIGNATURE    |       | DATE                       |
| X            |       |                            |

**NOTE:** Allow 4–6 weeks to process your order. Courier Service will deliver all orders. Someone must be present to receive and sign for shipment.

If the above address differs from our records, this order will not be filled. Contact your local Inspector for assistance with your change of address.

| DEPARTMENTAL USE ONLY – Complete this section when issuing Driving School Completion Certificates. |                    |                     |  |
|--|--------------------|---------------------|--|
| DL 400B  | BEGINNING NUMBER   | ENDING NUMBER       |  |
| DL 400C  | BEGINNING NUMBER   | ENDING NUMBER       |  |
| DL 400D  | BEGINNING NUMBER   | ENDING NUMBER       |  |
| OL 800   | BEGINNING NUMBER   | ENDING NUMBER       |  |
| DATE ORDER RECEIVED  | DATE ORDER SHIPPED | GSO TRACKING NUMBER |  |
| AMOUNT ENCLOSED  | PAID BY            | ey Order No         |  |
| ISSUING EMPLOYEE'S PRINTED NAME ISSUING EMPLOYEE'S SIGNATURE                                       |                    |                     |  |