

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			ourse Certificates	
BUSINESS NAME			PROV	VIDER ID NUMBER
BUSINESS ADDRESS		MAIL TO ADDRESS (IF AL	JTHORIZED BY DMV)	
CITY	STATE ZIP CODE	CITY	STAT	E ZIP CODE
I certify (or declare) under penalty of pe Must be signed by an individual, partne				is true and correct.
PRINTED NAME		TITLE		A CODE/TELEPHONE NUMBER
SIGNATURE)
X				
Note: Allow 4 – 6 weeks to process you and sign for shipment.	ur order. Courier Service	will deliver all orde	rs. Someone must l	be present to receive
If the above address differs from our re Number.	ecords, please submit ch	nanges on business	s letterhead and inc	alude the Provider ID
FOR DEPARTMENTAL USE ONLY-	Complete this section wh	hen issuing Mature I	Driver Improvement (Course Certificates.
DATE ORDER RECEIVED	BEGINNING NUMBER	ENI	DING NUMBER	
PAID BY Check Money Order	☐ Other	AMO	OUNT ENCLOSED	
DATE SENT TO SCHOOL	ISSUING EMPLOYEE'S PRINTED N	AME ISS	SUING EMPLOYEE'S SIGNATUR	RE .