



APPLICATION FOR MODIFICATIONS TO A TRAFFIC VIOLATOR SCHOOL LICENSE

DMV USE ONLY	
TVS NUMBER	DATE RECEIVED
ACR NUMBER	DATE PERMIT /LIC ISSUED
APPLICATION FEE	DATE PERMIT EXPIRES
INSPECTOR NAME / ID NUMBER	
SUSPENSE RECEIPT NUMBER	

INSTRUCTIONS: Complete online or print copy and complete by hand using black or blue ink.

SECTION A — REASON FOR SUBMISSION *Check all that apply.*

	COMPLETE SECTIONS						
	B	C	D	E	F	G	H
<input type="checkbox"/> Adding Additional DBA – <i>Submit application and fee to your local Inspector office.</i>	B	C					H
<input type="checkbox"/> Adding Type of Curriculum Course Offered – <i>See Section E for instructions.</i>	B			E			H
<input type="checkbox"/> Change of Business Name /or DBA – <i>Submit application and fee to your local Inspector office.</i>	B	C					H
<input type="checkbox"/> Change of Address – <i>Submit application and fee to your local Inspector office.</i>	B		D				H
<input type="checkbox"/> Deleting Type of Curriculum Course Offered – <i>Mail application directly to the TVS Unit.</i>	B				F		H
<input type="checkbox"/> Duplicate License – <i>Mail application and fee directly to the TVS Unit.</i>	B					G	H

SECTION B — SCHOOL INFORMATION

TRUE FULL NAME OF SOLE OWNER, PARTNERSHIP, CORPORATION, LLC MEMBER OR ADMINISTRATOR	TVS LICENSE NUMBER
CURRENT BUSINESS NAME OR DBA	TVS
BUSINESS ADDRESS (IF CHANGING ADDRESS, LIST NEW ADDRESS AND COMPLETE SECTION D) CITY	AREA CODE/TELEPHONE NUMBER ()
	STATE ZIP CODE

SECTION C — CHANGING BUSINESS NAME / OR DBA OR ADDING DBA ONLY

PROPOSED BUSINESS NAME OR DBA

SECTION D — CHANGE OF ADDRESS ONLY

LIST FORMER BUSINESS ADDRESS CITY STATE ZIP CODE

1. Will classroom instruction be given at this location?..... Yes No

Proposed starting date: _____ Classroom Telephone Number: ()

NOTE: *Classes shall not be offered until official approval is received from Occupational Licensing. The classroom telephone number must be a current, operative number at the time application.*

2. Does location meet all city and county property use requirement? Yes No
If yes, attach form OL 140, completed by an official of the agency responsible for this address.

PROPERTY IS: (Check one box.) <input type="checkbox"/> Leased <input type="checkbox"/> Rented <input type="checkbox"/> Owned LEASE OR RENTAL PERIOD	APPROXIMATE SQUARE FEET		
	Office Area	Classroom Area	Total Area
			0

Attach a copy of the lease or rental agreement or evidence of property ownership. If property is subleased, also include a written authorization to sublease from the property owner.

PROPERTY OWNER'S FULL NAME	AREA CODE/TELEPHONE NUMBER
PROPERTY OWNER'S ADDRESS CITY	()
	STATE ZIP CODE



SECTION E — ADDING TYPE OF CURRICULUM COURSE OFFERED

- Classroom *Submit application, completed OL 764, and fee to your local Inspector's office.*
- Internet *Mail application, completed OL 764, and fee directly to the TVS Unit.*
- Home Study *Mail application, completed OL 764, and fee directly to the TVS Unit.*

SECTION F — DELETING TYPE OF CURRICULUM COURSE OFFERED

- Classroom *No fee. Mail application directly to the TVS Unit.*
- Internet *No fee. Mail application directly to the TVS Unit.*
- Home Study *No fee. Mail application directly to the TVS Unit.*

SECTION G — DUPLICATE LICENSE AND/OR IDENTIFICATION CARD

<i>Check all that apply.</i>	<i>Check one box.</i>	<i>Check one box.</i>
<input type="checkbox"/> Owner	<input type="checkbox"/> Wall License Only	<input type="checkbox"/> Lost _____ DATE
<input type="checkbox"/> Operator	<input type="checkbox"/> Identification Card Only	<input type="checkbox"/> Stolen _____ DATE
<input type="checkbox"/> Instructor	<input type="checkbox"/> Both Wall License and Identification Card	<input type="checkbox"/> Mutilated (<i>must be surrendered</i>)

SECTION H — LICENSEE CERTIFICATION

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

PRINTED NAME OF SOLE OWNER, PARTNERSHIP, CORPORATION, LLC MEMBER, OR ADMINISTRATOR	TITLE
AUTHORIZED SIGNATURE OF SOLE OWNER, PARTNERSHIP, CORPORATION, LLC MEMBER, OR ADMINISTRATOR X	DATE