



APPLICATION FOR APPROVAL OF MATURE DRIVER IMPROVEMENT COURSE

| FOR DEPARTMENTAL USE | |
|-----------------------------------|--|
| DATE FEE AND LESSON PLAN RECEIVED | |
| DATE OF APPROVAL | |
| PROVIDER ID NUMBER | |
| ISSUED BY | |

Submit completed application with non-refundable application fee of \$500.00 and a copy of the proposed lesson plan to:

Department of Motor Vehicles
Traffic Violator School Unit
P.O. Box 932342 MS L224
Sacramento, CA 94232-3420

SECTION 1 — TYPE OF PROGRAM PROVIDED

Classroom Non-Classroom Both

SECTION 2 — MAIN OFFICE

NAME OF INDIVIDUAL, PARTNERS, CORPORATION, OR ASSOCIATION

| | | | |
|-------------------------|-------------------------------------|-------|----------|
| BUSINESS NAME | BUSINESS TELEPHONE NUMBER () | | |
| BUSINESS OFFICE ADDRESS | CITY | STATE | ZIP CODE |
| MAILING ADDRESS | CITY | STATE | ZIP CODE |

SECTION 3 — MANAGER/ADMINISTRATOR — *To be completed and signed by person responsible for the program and who would be contacted by the public and DMV.*

| | | | | | |
|---------------------------------------|---|-----------------|---------------------------------|--------|--------|
| LAST NAME (PLEASE PRINT) | FIRST | MIDDLE | HOME TELEPHONE NUMBER () | | |
| EMAIL ADDRESS | | | | | |
| RESIDENCE ADDRESS (NUMBER AND STREET) | CITY | STATE | ZIP CODE | | |
| DATE OF BIRTH | SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary | HAIR COLOR | EYE COLOR | HEIGHT | WEIGHT |
| DRIVER LICENSE/IDENTIFICATION NUMBER | ISSUING STATE | EXPIRATION DATE | | | |

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

| | |
|-----------------------|-------------|
| PRINTED NAME | TITLE |
| SIGNATURE X | DATE SIGNED |

The above provider ID number is to be placed on all completion certificates issued and on all correspondence with DMV. Once an ID number is issued, this form provides evidence of approval of the course submitted by the applicant. The applicant/course provider is responsible for the delivery, instruction, and content of his/her mature driver improvement course. This course approval form should be retained as part of the business records. A Mature Driver Improvement Course Certificate Order Form, OL 1005 must be submitted to the department each time certificates are purchased.

SECTION 4 — APPLICANT CERTIFICATION — *To be completed and signed by an individual, partner, principal corporate officer, or administrator.*

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I further certify that the curriculum provided in this course complies with the requirements of California Vehicle Code (CVC) §1675, and §§346.04 and 346.06 of Title 13 of the California Code of Regulations (CCR). (Perjury is punishable by imprisonment, fine or both.)

| | |
|-----------------------|-------------|
| PRINTED NAME | TITLE |
| SIGNATURE X | DATE SIGNED |
| EMAIL ADDRESS | |

