



APPLICATION FOR MODIFICATIONS TO A TRAFFIC VIOLATOR SCHOOL OPERATOR AND INSTRUCTOR LICENSE

| DMV USE ONLY | |
|-------------------------|--------------------|
| OPER/INST NUMBER | DATE APPL RECEIVED |
| TOTAL FEE | DATE PERMIT ISSUED |
| SUSPENSE RECEIPT NUMBER | |

SECTION A — CURRENTLY LICENSED AS

Operator Instructor

SECTION B — REASON FOR SUBMISSION *Check all that apply and complete the sections indicated.*

- | | |
|--|--|
| <input type="checkbox"/> Change of School Name (DBA), <i>Complete Sections C, D, and H</i> | <input type="checkbox"/> Name Change, <i>Complete Sections C, E, and H</i> |
| <input type="checkbox"/> Change of School Address, <i>Complete Sections C, D, and H</i> | <input type="checkbox"/> Duplicate License, <i>Complete Sections C, F, and H</i> |
| <input type="checkbox"/> Additional School Business Name, <i>Complete Sections C, D, and H</i> | <input type="checkbox"/> Transfer, <i>Complete Sections C, G, and H</i> |

SECTION C — APPLICANT INFORMATION

| | | | |
|--------------------------------------|-----------------|--------------------------------------|-----------------|
| TRUE FULL NAME (FIRST, MIDDLE, LAST) | | AREA CODE/TELEPHONE NUMBER () | |
| RESIDENCE ADDRESS | CITY | STATE | ZIP CODE |
| CALIFORNIA DRIVER'S LICENSE | EXPIRATION DATE | OPERATOR OR INSTRUCTOR NUMBER | EXPIRATION DATE |

SECTION D — CHANGE OF SCHOOL NAME, SCHOOL ADDRESS, AND ADDITIONAL SCHOOL DBA

| | |
|-----------------------|----------------------------------|
| SCHOOL NAME | TVS LICENSE NUMBER TVS |
| SCHOOL ADDRESS | CITY STATE ZIP CODE |
| ADDITIONAL SCHOOL DBA | |
| FORMER SCHOOL NAME | |
| FORMER SCHOOL ADDRESS | CITY STATE ZIP CODE |

SECTION E — NAME CHANGE

FORMER NAME

SECTION F — DUPLICATE LICENSE

- On or about _____ my Traffic Violator School Operator's Traffic Violator School Instructor's License for TVS _____ was:
- DATE LICENSE NUMBER
- | | |
|--|--|
| <input type="checkbox"/> Lost | <input type="checkbox"/> Identification Card Only |
| <input type="checkbox"/> Stolen | <input type="checkbox"/> Wall License Only |
| <input type="checkbox"/> Mutilated (<i>must be surrendered</i>). | <input type="checkbox"/> Both Identification Card/Wall License |

SECTION G — TRANSFER *Identification Card must be surrendered for transfer applications.*

| | |
|--------------------|----------------------------------|
| NEW SCHOOL NAME | TVS LICENSE NUMBER TVS |
| SCHOOL ADDRESS | CITY STATE ZIP CODE |
| FORMER SCHOOL NAME | TVS LICENSE NUMBER TVS |

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

| | |
|---|------|
| SIGNATURE OF NEW SCHOOL OWNER X | DATE |
|---|------|

SECTION H — CERTIFICATION BY APPLICANT

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

| | |
|------------------------------------|------|
| SIGNATURE OF APPLICANT X | DATE |
|------------------------------------|------|

