



# APPLICATION FOR TRAFFIC VIOLATOR SCHOOL (TVS) ADMINISTRATOR CHANGE

OCCUPATIONAL LICENSE NUMBER	
<b>FOR DEPARTMENT USE</b>	
TOTAL FEE	RECEIPT NUMBER
ISSUED BY	

NAME OF PUBLIC ADULT SCHOOL OR COMMUNITY COLLEGE/PUBLIC AGENCY				TVS NUMBER	
SCHOOL NAME (DBA)				TELEPHONE NUMBER (     )	
BUSINESS OFFICE ADDRESS		CITY	COUNTY	STATE	ZIP CODE
BRANCH BUSINESS OFFICE ADDRESS		CITY		STATE	ZIP CODE
NAME OF NEW ADMINISTRATOR					
NAME OF FORMER ADMINISTRATOR					
EFFECTIVE DATE OF ADMINISTRATOR CHANGE					

### OTHER INFORMATION REGARDING NEW ADMINISTRATOR:

1. Driver License Number: \_\_\_\_\_
2. Residence Address: \_\_\_\_\_
3. Business Telephone Number: \_\_\_\_\_

### APPLICANT CERTIFICATION

I am the administrator in charge of (name of public school/community college/association) \_\_\_\_\_.

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

SIGNATURE	DATE
X	

