

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 Number (Improvement Coul		
BUSINESS NAME			PROVIDER ID NUMBER	
BUSINESS ADDRESS		MAIL TO ADDRESS (IF AUTH	ORIZED BY DMV)	
CITY	STATE ZIP CODE	CITY	STATE ZIP CODE	
I certify (or declare) under penalty of penalty of penalty be signed by an individual, partn				
PRINTED NAME		TITLE	AREA CODE/TELEPHONE NUMBER	
SIGNATURE X			DATE	
Note: Allow 4 – 6 weeks to process you and sign for shipment.	our order. Courier Service	e will deliver all orders.	Someone must be present to receive	
If the above address differs from our r	records, please submit c	hanges on business l	etterhead and include the Provider ID	
Trainibon				
FOR DEPARTMENTAL USE ONLY-	- Complete this section w	hen issuing Mature Dri	ver Improvement Course Certificates.	
DATE ORDER RECEIVED	BEGINNING NUMBER	ENDING	3 NUMBER	
PAID BY Check Money Order	☐ Other	AMOUN	IT ENCLOSED	
DATE SENT TO SCHOOL	ISSUING EMPLOYEE'S PRINTED I	NAME ISSUIN	ISSUING EMPLOYEE'S SIGNATURE	