

**APPLICATION FOR
 TRAFFIC VIOLATOR SCHOOL (TVS)
 OWNER LICENSE**

DMV USE ONLY	
TVS NUMBER	DATE APPLICATION RECEIVED
ACR NUMBER	DATE PERMIT ISSUED
ORIGINAL APPLICATION FEE	DATE PERMIT EXPIRES
FINGERPRINT FEE	REGION CC
OTHER FEE	TOTAL FEE
INSPECTOR NAME	INSPECTOR ID NUMBER
SUSPENSE RECEIPT NUMBER	

SECTION A — TYPE LICENSE Check all that apply.

- Owner Operator Instructor

SECTION B — TYPE OF EDUCATION PROGRAM OFFERED Attach course approval letter.

- Classroom English Internet
 Classroom Foreign Language (type) _____ Home Study (paper/electronic)

SECTION C — MAIN OFFICE

TRUE FULL NAME OF SOLE OWNER, PARTNERSHIP, CORPORATION, PUBLIC ADULT SCHOOL OR COMMUNITY COLLEGE/PUBLIC AGENCY, LIMITED LIABILITY COMPANY, ASSOCIATION

SCHOOL NAME – MUST BE UNIQUE, 35 CHARACTERS MAXIMUM	AREA CODE / TELEPHONE NUMBER ()
BUSINESS OFFICE ADDRESS	CITY STATE ZIP CODE

Office Hours: _____ Days Office Open: _____

Will classroom instruction be given at this location? Yes No
 Attach OL 712 for ALL branch or classroom locations, including the above location.

SECTION D — FINANCIAL INSTITUTION BUSINESS ACCOUNT INFORMATION

NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
ADDRESS OF FINANCIAL INSTITUTION	CITY STATE ZIP CODE
NAME OF PERSON AUTHORIZED TO DRAW FUNDS OR ISSUE CHECKS FROM ACCOUNT	AREA CODE/ TELEPHONE NUMBER ()
IF ACCOUNT IS NOT CARRIED UNDER SAME NAME AS SHOWN ON THIS APPLICATION, UNDER WHAT NAME IS IT CARRIED?	

SECTION E — PROPERTY USE APPROVAL Must be completed by applicant.

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

SECTION F — PROPERTY DATA

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 IS: Check one box. <input type="checkbox"/> Leased <input type="checkbox"/> Rented <input type="checkbox"/> Owned	APPROXIMATE SQUARE FEET		
	Office Area	Building Area	Total Area
LEASE OR RENTAL PERIOD			
PROPERTY OWNER'S FULL NAME	AREA CODE/TELEPHONE NUMBER ()		
PROPERTY OWNER'S ADDRESS	CITY	STATE	ZIP CODE



SECTION G — OWNERSHIP CERTIFICATION

List true full name, title of individual, and date of birth; each partner (designate whether general or limited); each principal Officer and Director, or Stockholder of the corporation participating in the direction, control and management of the policy of the business; each Member and Manager of the limited liability company participating in the direction, control and management of the policy of the business; and each member of the association participating in the direction control and management of the association (attach separate sheet if additional space is needed).

PRINT TRUE FULL NAME (<i>Last, First, Middle</i>)	TITLE	DATE OF BIRTH

SECTION H — CERTIFICATION

INSTRUCTIONS: Complete Section 1, 2, 3, 4, 5, 6, or 7 below depending on whether ownership is an individual, partnership, corporation, limited liability company, association, public adult school or community college, or other public agency.

SECTION 1 — INDIVIDUAL

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 I am the sole owner of (print firm name) _____ and that all answers and information contained within Section G and Section H of this application are true and correct.

SIGNATURE	TITLE	DATE
X		

SECTION 2 — PARTNERSHIP

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

We further certify that we are co-partners (print firm name) _____ and that no other person is associated in the ownership of the business, and that all answers and information contained within Section G and Section H of this application are true and correct.

SIGNATURE	SIGNATURE	SIGNATURE	DATE
X	X	X	

SECTION 3 — CORPORATION

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 (print firm name) _____ is incorporated in the State of _____ and our corporate number is _____, and is authorized by the State of California to transact business in California, and that all answers and information contained within Section G and Section H of this application are true and correct.

SIGNATURE OF CORPORATE OFFICER AUTHORIZED TO SIGN FOR CORPORATION	TITLE	DATE
X		

SECTION H — CERTIFICATION (Continued)**SECTION 4 — LIMITED LIABILITY COMPANY**

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 (print firm name) _____ is incorporated in the State of _____ and our LLC number is _____, and is authorized by the State of California to transact business in California, and that all answers and information contained within Section G and Section H of this application are true and correct.

AUTHORIZED SIGNATURE OF SOLE OWNER, PARTNERS, CORPORATE OFFICER, LLC MEMBER, OR ADMINISTRATOR

DATE

X**SECTION 5 — ASSOCIATION**

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 (print firm name) _____ is an association and that all answers and information contained within Section G and Section H of this application are true and correct.

SIGNATURE OF MEMBER AUTHORIZED TO SIGN FOR ASSOCIATION

TITLE

DATE

X**SECTION 6 — PUBLIC ADULT SCHOOL OR COMMUNITY COLLEGE**

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 (print district name) _____ is authorized by the State of California Department of Education to transact business in California, and that all answers and information contained within Section G and Section H of this application are true and correct.

SIGNATURE OF ADMINISTRATOR

TITLE

DATE

X**SECTION 7 — OTHER PUBLIC AGENCY**

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 (print agency name) _____ is authorized by the State of California to transact business in California, and that all answers and information contained within Section G and Section H of this application are true and correct.

SIGNATURE OF PRINCIPAL CONTACT FOR AGENCY

TITLE

DATE

X