STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

DMV LICENSED DRIVING SCHOOL
DRIVING SCHOOL CERTIFICATE
DL 400B, DL 400C, DL 400D, and OL 800 ORDER FORM

Instructions:

- Print clearly in blue or black ink or type.
- This order form will only be accepted for **DMV Licensed Driving Schools** ordering Certificate of Completion of Driver Education, DL 400B, Certificate of Completion of Non-Classroom Driver Education, DL 400C, Certificate of Completion of Behind-The-Wheel Training, DL 400D, and Student License, OL 800. Any changes made to this order form for a different type of certificate will not be accepted.
- Order the amount of certificates needed for a 12-month period and complete the appropriate sections for the type of certificate(s) being ordered. The number of certificates requested may be reduced based on usage reported for the last 12-month period. Page 2 must be completed; and incomplete order forms will not be filled. NOTE: Enter Not Applicable if you are an original applicant or have never ordered the requested form(s) before.
- Mail completed order form to: Department of Motor Vehicles, Business Licensing Unit, P.O. Box 932342, Mail Station L224, Sacramento, CA 94232-3420.

Please send _____ Certificate of Completion of Driver Education, DL 400B to:
NUMBER OF BOOKS (CERTIFICATES IN BOOKS OF 100 ONLY)

Please send _____ Certificate of Completion of Non-Classroom Driver Education, DL 400C to:
NUMBER OF BOOKS (CERTIFICATES IN BOOKS OF 100 ONLY)

Please send _____ Certificate of Completion of Behind-The-Wheel Training, DL 400D to:
NUMBER OF BOOKS (CERTIFICATES IN BOOKS OF 100 ONLY)

Please send _____ Student License, OL 800 to:
NUMBER OF BOOKS (STUDENT LICENSES SOLD IN BOOKS OF 25 ONLY. THE FEE IS $50.00 PER BOOK.)

SCHOOL NAME	DS NUMBER

BUSINESS ADDRESS	MAIL TO ADDRESS *(IF AUTHORIZED BY DMV)*
CITY STATE ZIP CODE	CITY STATE ZIP CODE

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 following usage report on Page 2 is complete and accurate.

Must be signed by the driving school owner or driving school operator of record.

PRINTED NAME	TITLE	AREA CODE/TELEPHONE NUMBER
		( )
SIGNATURE		DATE
X		

NOTE: Allow 4–6 weeks to process your order. Courier Service will deliver all orders. Someone must be present to receive and sign for shipment. If the above address differs from our records, this order will not be filled. Contact your local Inspector for assistance with your change of address.

DEPARTMENTAL USE ONLY – Complete this section when issuing Driving School Completion Certificates.

DL 400B	BEGINNING NUMBER	ENDING NUMBER
DL 400C	BEGINNING NUMBER	ENDING NUMBER
DL 400D	BEGINNING NUMBER	ENDING NUMBER
OL 800	BEGINNING NUMBER	ENDING NUMBER
DATE ORDER RECEIVED	DATE ORDER SHIPPED	GSO TRACKING NUMBER
AMOUNT ENCLOSED	PAID BY ☐ Check No. _____ ☐ Money Order No. _____	
ISSUING EMPLOYEE'S PRINTED NAME	ISSUING EMPLOYEE'S SIGNATURE **X**	

CERTIFICATE OF COMPLETION OF DRIVER EDUCATION, DL 400B

Please enter the first number, the last number, and dates of the **DL 400B** certificates used for a 12-month period prior to the date of this request.

FIRST CERTIFICATE NUMBER	DATE	LAST CERTIFICATE NUMBER	DATE
FIRST CERTIFICATE NUMBER	DATE	LAST CERTIFICATE NUMBER	DATE
FIRST CERTIFICATE NUMBER	DATE	LAST CERTIFICATE NUMBER	DATE
FIRST CERTIFICATE NUMBER	DATE	LAST CERTIFICATE NUMBER	DATE

CERTIFICATE OF COMPLETION OF NON-CLASSROOM DRIVER EDUCATION, DL 400C

Please enter the first number, the last number, and dates of the **DL 400C** certificates used for a 12-month period prior to the date of this request.

FIRST CERTIFICATE NUMBER	DATE	LAST CERTIFICATE NUMBER	DATE
FIRST CERTIFICATE NUMBER	DATE	LAST CERTIFICATE NUMBER	DATE
FIRST CERTIFICATE NUMBER	DATE	LAST CERTIFICATE NUMBER	DATE
FIRST CERTIFICATE NUMBER	DATE	LAST CERTIFICATE NUMBER	DATE

CERTIFICATE OF COMPLETION OF BEHIND-THE-WHEEL TRAINING, DL 400D

Please enter the first number, the last number, and dates of the **DL 400D** certificates used for a 12-month period prior to the date of this request.

FIRST CERTIFICATE NUMBER	DATE	LAST CERTIFICATE NUMBER	DATE
FIRST CERTIFICATE NUMBER	DATE	LAST CERTIFICATE NUMBER	DATE
FIRST CERTIFICATE NUMBER	DATE	LAST CERTIFICATE NUMBER	DATE
FIRST CERTIFICATE NUMBER	DATE	LAST CERTIFICATE NUMBER	DATE

STUDENT LICENSE, OL 800

Please enter the first number, the last number, and dates of the **OL 800** licenses used for a 12-month period prior to the date of this request.

FIRST STUDENT LICENSE NUMBER	DATE	LAST STUDENT LICENSE NUMBER	DATE
FIRST STUDENT LICENSE NUMBER	DATE	LAST STUDENT LICENSE NUMBER	DATE
FIRST STUDENT LICENSE NUMBER	DATE	LAST STUDENT LICENSE NUMBER	DATE
FIRST STUDENT LICENSE NUMBER	DATE	LAST STUDENT LICENSE NUMBER	DATE

Print Clear Form