STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

TRAFFIC VIOLATOR SCHOOL
INSTRUCTOR WRITTEN TEST ORDER FORM

INSTRUCTIONS:

- Please print in black ink or type.
- Completed order forms may be mailed or faxed to DMV at the address or fax number listed below:

Department of Motor Vehicles
Occupational Licensing Unit
P.O. Box 932342, MS L 224
Sacramento, CA 94232-3420
Fax: (916) 229-4729

Please send _____ Traffic Violator School Instructor Written Tests to:

QUANTITY (*Maximum order 20)*

SCHOOL NAME	TVS NUMBER
SCHOOL ADDRESS (MUST BE ADDRESS OF RECORD)	DATE LICENSE EXPIRES
CITY STATE ZIP CODE	AREA CODE/TELEPHONE NUMBER ( )
OWNER'S NAME	DATE
OWNER'S SIGNATURE	TITLE

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.

FOR DEPARTMENTAL USE ONLY	
ISSUING EMPLOYEE'S NAME	DATE SENT

Print Clear Form