

DMV USE ONLY	
RECEIVED DATE	ISSUED BY
AMOUNT PAID	CHECK / M.O. NUMBER

REQUEST FOR USE OF AN APPROVED TVS PROGRAM

Instructions:

- Mail completed and signed form along with the letter of authorization from the program owner, and \$25.00 fee to:
Department of Motor Vehicles, Occupational Licensing Compliance, 2415 1st Avenue M/S C383, Sacramento, CA 95818.

SECTION A — APPLICANT INFORMATION

Check one box. A separate OL 766 is required for each type of program submitted for authorization.

☐ Classroom ☐ Home Study ☐ Internet

IF LESSON PLAN IS A FOREIGN LANGUAGE PLEASE CHECK "OTHER" BOX AND INDICATE THE LANGUAGE ☐ English ☐ Other

TRUE FULL NAME (LAST, FIRST, MIDDLE)

MAILING ADDRESS	CITY	STATE	ZIP CODE	AREA CODE / TELEPHONE NUMBER ()
TVS SCHOOL NAME				TVS NUMBER (IF APPLICABLE)

SECTION B — PROGRAM/OWNER INFORMATION

PROGRAM OWNER'S NAME (LAST, FIRST, MIDDLE)				LESSON PLAN CONTROL NUMBER
MAILING ADDRESS	CITY	STATE	ZIP CODE	AREA CODE / TELEPHONE NUMBER ()

SECTION C — REQUIREMENTS

TVS educational programs have to be reviewed and approved by the department or agent of the department every year. If this TVS educational program has not been approved in the past 12 months the program owner must resubmit it for approval. The date of approval may be determined from the Request for Approval of TVS Educational Program OL 764, which was returned to the program owner upon approval.

Authorization for use of this purchased TVS educational program may be postponed until the Traffic Violator School is ready to instruct students.

Pursuant to California Code of Regulations (CCR) Section 345.32 (a) (1) (C), the program owner is responsible for updating their TVS educational program. If the program owner does not update their educational program when it is required you may develop your own TVS educational program, or purchase an existing approved TVS educational program from another program provider.

SECTION D — APPLICANT CERTIFICATION

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 named owner has given me permission to use the TVS education program they have had approved within the past 12 months and that I have read the Requirements section of this form.

SIGNATURE X	PRINTED NAME	DATE
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FOR OFFICIAL DMV OR CONTRACT AGENT USE ONLY

<input type="checkbox"/> First Rejection	AGENT'S SIGNATURE X	PRINTED NAME	DATE
<input type="checkbox"/> Final Rejection	AGENT'S SIGNATURE X	PRINTED NAME	DATE
<input type="checkbox"/> Approved	AGENT'S SIGNATURE X	PRINTED NAME	DATE