

APPLICATION FOR APPROVAL OF MATURE DRIVER IMPROVEMENT COURSE

FOR DEPARTMENTAL USE
DATE FEE AND LESSON PLAN RECEIVED
DATE OF APPROVAL
PROVIDER ID NUMBER
ISSUED BY

Submit completed application with non-refundable application fee of \$500.00 and a copy of the proposed lesson plan to:

Department of Motor Vehicles Traffic Violator School Unit P.O. Box 932342 MS L224 Sacramento, CA 94232-3420

SECTION 1 — TYPE OF PROGRAM PROVIDED							
Classroom	☐ Non-Classroom	☐ Both					
SECTION 2 — MAIN	OFFICE						
NAME OF INDIVIDUAL, PARTNE	RS, CORPORATION, OR ASSOCIATION						
BUSINESS NAME	NAME				BUSINESS TELEPHONE NUMBER		
BUSINESS OFFICE ADDRESS		CITY			STATE ZIP	CODE	
MAILING ADDRESS		CITY				STATE ZIP CODE	
	AGER/ADMINISTRATOR ontacted by the public and		ed and signe	d by person		e for the program	
EMAIL ADDRESS					()		
RESIDENCE ADDRESS (NUMBE	SIDENCE ADDRESS (NUMBER AND STREET) CITY				STATE ZIP CODE		
DATE OF BIRTH	sex Male Female	e □ Nonbinary	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT	
RIVER LICENSE/IDENTIFICATION NUMBER			ISSUING STATE		EXPIRATION DATE		
I certify (or declare) und	der penalty of perjury under th	he laws of the State	of California th	at the foregoin	ng is true and	correct.	
PRINTED NAME		TITLE					
SIGNATURE X		DATE S	DATE SIGNED				
The above provider ID r	number is to be placed on all	completion certifica	tes issued and	on all corresp	ondence with	DMV.	
provider is responsible form should be retained	ssued, this form provides evid for the delivery, instruction, d as part of the business reco partment each time certificate	and content of his/h ords. A Mature Drive	ner mature driv	er improveme	nt course. Th	is course approval	
	ICANT CERTIFICATION	— To be compl	eted and sig	ned by an i	ndividual, p	oartner, principal	
corporate officer, or							
* *	der penalty of perjury under th			_	_		
	curriculum provided in this c Title 13 of the California Code						
TAMEDIAME		11172					
SIGNATURE X		DATE S	DATE SIGNED				
EMAIL ADDRESS							

