

BAY AREA DRIVING SCHOOL

Traffic Violator School Application

Class Date Requested:				Notes	
Name:				First and last - as it appears on your Driver's License	
				Current Mailing Address	
Address:				If driving cobool poods to	
City: Sta	ate:	Zip Code:		If driving school needs to send correspondence	
Cell Phone:		Alt. Phone:		Please provide at least 2 numbers, with area code	
Email Address:				To receive court correspondences only	
Driver's License Number:				If your license is out of state, please specify which state	
Birthday:	*	*under 18 must have parent's p	permission to attend	i.e. 5-31-85 Under 18 must complete OL732 – In blue binder	
Class License:		(i.e. c= car, a= big rig, b	= bus, etc.)	List all class licenses that you have ever applied for.	
Docket Number / Case Numb	per:			Located on your court papers. Include zeros at the beginning of doc. #	
Completion Due Date:				Day traffic school needs to be completed by.	
Which Court Referred You (Co	county / City):			Located on your court papers. i.e. Fremont, Oakland, Walnut Creek	
Court Code:				Court codes are listed in the RED Binders at the office.	
Total Hours of Instruction (8	or 12):			Most courts are 8 hrs. We do not offer 12 hr. course.	
I Certify that the above is true				Review application to ensure	
				accuracy. Errors will result in rejected certificate.	
Ego Includos Electronio Cortid	ficate and Sussessful	**STUDENT SIGNAT		,	
Fee Includes Electronic Certif allowed 1 free transfer. Add court, I understand that the I \$15 administration fee to resubn **INITIAL HERE	Please initial that you understand and agree to this statement.				
	Transfer #1:	Transfer	#2		

Please Do Not Write Below This Line - For Office Use Only

No Refunds	Receipt: In Person / /	Attached to Ap / Emailed + Attached to Ap
Date Paid	Amount Paid_	
Visa / MC / Disc / AmEx - Last 4 Digits:		Cash Receipt #