## PUBLIC UTILITES COMMISSION OF THE STATE OF CALIFORNIA DRIVER STATEMENT OF APPLICANT

				ТСР	
IAME OF APPLIC	CANT:				
OING BUSINESS	S AS (DRA):				
	-				
USINESS ADDR	ESS: Street A	ddress City	/ County	State	Zip Code
HONE:(	)		•		·
Area Coo EQUESTER COI	de Phone N DE NUMBER:	No.			
PPLICABLE), PF	ROVIDING EACH D	RIVER IS ELIGIBLE	OWING DRIVERS (IN FOR A DRIVING CERT YYOUR COMPANY.		
L A COMPLETE	LIST OF ALL DRIV	ENS EMIFLOTED B	TOON COMPANT.		DMV
				<u>USE</u>	<u>ONLY</u>
CALIFORNIA DRIVER LICENSE NO.	BIRTH DATE MO/DAY/YEAR	FIII N	AME OF DRIVER	CLASS OF LICENSE	STATUS
	<u> </u>				
				·	
		<del> </del>			<del> </del>
		ONTINUE ON BACK	( IF NECESSARY		The second second
ate:					
			Signatur	e of Applicant(s	s)
	If annlicant i	s a corporation:	-	•	
	ii appiicalit i	ο α συτροιατίστι.	Signature o	of Corporate Off	icer
			Title of (	Cornorate Office	Ar

**FOR DMV USE ONLY** CALIFORNIA CLASS **BIRTH DATE** DRIVER **FULL NAME OF DRIVER** OF **STATUS** MO/DAY/YEAR LICENSE NO. LICENSE

## FOR DMV USE ONLY

All names have been checked through the Department of Motor Vehicles. Those names showing "OK" in the status box hold valid driving privileges and have legally acceptable driving records as they pertain to tour bus certificates as of the date shown below.

Date:	· ·
Place to the control of the control	Signature of DMV Representative