Www.dmv/\textbf{ow}.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

VIRGINIA DRIVER TRAINING SCHOOL STUDENT RECORDS RETRIEVAL REPORT

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Purpose: Use this form to record the names of student training records removed from a driver training school as a result of an audit or an investigation in accordance with § 46.2-1701.3 of the Virginia Code and 24VAC20-121-50 of the Virginia Administrative Code. Type or print in ink school information and student information. Submit this form along with records removed from the driver training school and forward to Instruction: the Commercial Licensing Work Center within five working days of the date the records were removed. **SCHOOL INFORMATION** NAME OF DRIVER TRAINING SCHOOL (as it appears on the DMV records) DATE RECORDS PICKED-UP SCHOOL LICENSE NUMBER SCHOOL OWNER NAME OR AUTHORIZED REPRESENTATIVE NAME SCHOOL ADDRESS SCHOOL TELEPHONE NUMBER **Student Name Customer Number Student Name Customer Number CERTIFICATION** I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation. SCHOOL OWNER / AUTHORIZED REPRESENTATIVE NAME (print) SCHOOL OWNER / AUTHORIZED REPRESENTATIVE SIGNATURE DATE (mm/dd/yyyy) DMV REPRESENTATIVE NAME (print) DMV REPRESENTATIVE SIGNATURE DATE (mm/dd/yyyy)