

Driver	<b>Training</b>	School	Inform	nation
DIIVEI	Hallilli	3011001	11110111	ıauvı

211101 1141111119				
DRIVER TRAINING SCHOO	L NAME			DTC NUMBER (if available)
HEAD OFFICE ADDRESS			СІТУ	POSTAL CODE
PHONE	CELL (if available)	EMAIL (required)	l .	FACSIMILE (if available)
Office Locations				
OFFICE ADDRESS			CITY	POSTAL CODE
PHONE	CELL (if available)	EMAIL (required)	l .	FACSIMILE (if available)
OFFICE ADDRESS	I	I	CITY	POSTAL CODE
PHONE	CELL (if available)	EMAIL (required)		FACSIMILE (if available)
OFFICE ADDRESS			CITY	POSTAL CODE
PHONE	CELL (if available)	EMAIL (required)		FACSIMILE (if available)
Classroom Loca	tions			
CLASSROOM ADDRESS			СІТУ	POSTAL CODE
PHONE				FACSIMILE (if available)
CLASSROOM ADDRESS			CITY	POSTAL CODE
PHONE				FACSIMILE (if available)
CLASSROOM ADDRESS	I		CITY	POSTAL CODE
PHONE			l l	FACSIMILE (if available)
Driver Training S	school Declaration			
	orporation of British Columbi	a:		
I declare that the at	pove information is true and	correct.		
NAME OF SCHOOL	SIGNING AUTHORITY (please print)	SI	GNATURE	DATE

Return to: ICBC Driver Training Industry Support, PO Box 3750, Victoria, BC V8W 3Y5. Telephone: 250-978-8370. Toll-free: 1-866-339-0363, Facsimile: 250-978-8032.