



## Days and Hours of Operation

Day	From		To	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

## Training Vehicle Information

Vehicle Identification Number	Make	Model	Year	Lease

I hereby certify to the Department of Motor Vehicles that the above statement is true and correct.

NOTE: TO BE SIGNED BY SOLE OWNER, PARTNER, OR OFFICER OF THE CORPORATION ONLY.

Signed

Title

Date