



INDUSTRY CUSTOMER EMPLOYEE LISTING

Instructions:

1. Please complete this form on your computer, print and have it signed by the industry business owner or authorized designee, and bring the completed/signed form to the office where you normally conduct business.
 - This form can be found by using the search bar on the Department of Motor Vehicles (DMV) website at www.dmv.ca.gov and entering "occupational licensing forms".
 - It can be completed using free Adobe Reader software which can be downloaded and installed by going to <https://get.adobe.com/>.
2. This form must be submitted to the office where you normally conduct business when adding or deleting employees.
 - An employee may not submit registration transactions for processing until their name and identifying information are submitted to DMV by completing and submitting this form.
 - Deletions of employees must be reported to DMV within ten (10) days.
 - This form must be updated every six months even when there is no change in the employment status of employees.

SECTION 1 — FIRM INFORMATION

FIRM NAME	TELEPHONE NUMBER ()	OL NUMBER
FIRM ADDRESS	CITY	STATE ZIP CODE
BUSINESS E-MAIL ADDRESS (OPTIONAL)		

List all persons employed by the industry customer who will submit registration work to DMV.

TRUE FULL NAME <i>(Last Name, First Name, Middle Initial)</i>	DRIVER LICENSE OR ID CARD NUMBER	DATE OF BIRTH	STATE LICENSE ISSUED	AUTHORIZED TO SIGN FOR OWNER OR MANAGEMENT	
				YES	NO

SECTION 2 — CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I further certify that I accept full responsibility for the actions of those employees listed, as well as those employees given authority to sign for the owner or management.

PRINTED NAME OF SOLE OWNER, ANY PARTNER, CORPORATE OFFICER, OR LLC MEMBER ONLY (LAST, FIRST, MI)	TITLE
SIGNATURE OF SOLE OWNER, ANY PARTNER, CORPORATE OFFICER, OR LLC MEMBER ONLY X	DATE SIGNED