STATE OF CALIFORNIA DMV DEPARTMENT OF MOTOR VEHICLES

A Public Service Agency

Corporate Officer and/or Director Change

FOR DMV USE ONLY
OL NUMBER
NAME

Instructions: Type or print clearly in black ink. The following items are required to remove, add, or report officer title changes:

1. Completed application for Corporate Officer and/or Director Change, OL 15
2. Fee of $70
3. Excluding title changes, all persons listed in Section B must furnish:
   - Personal History Questionnaire, OL 29
   - Appointment of Director as Agent for Service of Process, ADM 9050
   - Request for Live Scan Service (receipt), DMV 8016 ***or***
     Fingerprint Card, ADM 1316 (out-of-state applicants only) plus $42 fingerprint processing fee for each person
4. Copy of Corporate Minutes or Statement of Officers stamped by the California Secretary of State's Office
5. Submit completed OL 15, fees, and additional forms (if applicable) to your local Inspector

I _____ do hereby certify that
SECRETARY

_____ is incorporated in the State of
CORPORATE NAME

_____ , and is authorized by the California Secretary of State, to transact business in California. Our corporate number is _____ , and our California State Board of Equalization Seller's Permit number is _____ .

I further certify,

A. That the following principal officer(s) and/or director(s) participating in the direction, control and management of the affairs of the licensed entity in this state have resigned, have been removed from office, or are deceased.

TRUE FULL NAME	TITLE OF OFFICERS	'X' IF Director	'X' IF Principal Stockholder	EFFECTIVE DATE

B. That the following principal officer(s) and/or director(s) participating in the direction, control and management of the affairs of the licensed entity in this state have been appointed or elected, or new principal stockholder(s) acquired:

TRUE FULL NAME	TITLE OF OFFICERS	'X' IF Director	'X' IF Principal Stockholder	EFFECTIVE DATE

OL NUMBER	
NAME	

C. That the current principal officers, director(s) and stockholder(s) participating in the direction, control and management of the affairs of the licensed entity in this state are:

TRUE FULL NAME	TITLE OF OFFICERS	RESIDENCE ADDRESS

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 am the official custodian of the records of this corporation.

PRINTED NAME	TITLE	AREA CODE/BUSINESS PHONE NUMBER
SIGNATURE **X**		DATE

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