



RENEWAL APPLICATION

IMPORTANT: Read instructions and additional renewal requirements on reverse before completing.

DATE CURRENT LICENSE EXPIRES: _____

A. TYPE OF LICENSE: (Check one box. *See reverse for additional renewal requirements.)

- | | | | | |
|--------------------------------------|--|--|---|--------------------------------------|
| <input type="checkbox"/> Dealer* | <input type="checkbox"/> Distributor | <input type="checkbox"/> Lessor-Retailer | <input type="checkbox"/> Registration Service | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Dismantler* | <input type="checkbox"/> Driving School Owner* | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Remanufacturer | |

B. FIRM INFORMATION:

FIRM OR DRIVING SCHOOL NAME		FIRM OR DRIVING SCHOOL NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

C. RENEWAL FEES:

For renewal assistance, contact Occupational Licensing at (916) 229-3126 or your local Inspector.

License Renewal Fee	\$ _____
Branch Fee	_____
Special Plate Fee (Number of Plates _____.)	_____
New Motor Vehicle Board Renewal Fees	_____
Penalty Fees.....	_____
Surcharge to enable collection of delinquent child support	_____ 1.00
TOTAL \$	_____

D. TYPE OF OWNERSHIP: (Check one box)

- Sole Owner
 Partnership
 Corporation
 Limited Liability Company
 Association

Important: Report any changes in ownership, corporate status, officers, directors, managing members, locations, or business name to your local Inspector immediately. Renewal licenses or supplies will not be released until the department receives the proper documents to record these changes. **Submit renewal immediately.**

Collection of your Social Security Number is mandatory. Failure to furnish all requested information will result in denial of an application for issuance or renewal of an Occupational License or permit.

OWNER'S NAMES (use reverse if more than four)	SOCIAL SECURITY NUMBER

E. APPLICANT CERTIFICATION:

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Must be signed by a sole owner, partner, corporate officer, or managing member of record.

TITLE	CURRENT AREA CODE/TELEPHONE NUMBER ()
SIGNATURE X	DATE



RENEWAL INSTRUCTIONS:

1. Print clearly in black ink or type. This renewal form must be completed in its entirety or it will be returned to you.
2. To avoid automatic cancellation of your license or penalty fees, submit your renewal on or before the license expiration date. Driving school licenses will be cancelled if renewal is not submitted by the license expiration date. No grace period is extended to driving schools (Sections 11105.3, 11410, 11508, 11620, and 11717, CVC).
3. Mail completed and signed form (and additional renewal requirements listed below, if applicable) with your renewal fees to:

Department of Motor Vehicles
Occupational Licensing Section
MS L224
P.O. Box 932342
Sacramento, CA 94232-3420

***ADDITIONAL RENEWAL REQUIREMENTS:**

Dealer	Proof of Continuing Education <i>(required every two years)</i> OL 56, \$50,000 Bond Exemption Application <i>(Wholesale-Only Dealers, if applicable)</i> OL 247, Special Plates <i>(required if not renewing all plates)</i> OL 257, Continuing Education Exemption Application <i>(Wholesale-Only Dealers, if applicable)</i>
Dismantler	OL 21D, Renewal Addendum Application for Occupational License
Driving School Owner	OL 207, Driving School Insurance Certificate OL 221, Safety Inspection Report Vehicles Used for Instruction <i>(required for each vehicle)</i> OL 4002, Certification of Compliance California Labor Code 3700

FORMS ARE AVAILABLE BY CALLING OCCUPATIONAL LICENSING, YOUR LOCAL INSPECTOR, OR AT WWW.DMV.CA.GOV