



OCCUPATIONAL LICENSING

**APPLICATION FOR
DUPLICATE OR CORRECTED
VEHICLE SALESPERSON LICENSE**

This is a non-refundable application fee.

FOR DMV FIELD OFFICE USE - MUST COMPLETE -	
SALESPERSON NUMBER S	EXPIRATION DATE
PHOTO SEQUENCE NUMBER	
<input type="checkbox"/> No Fee Correction (SPC) <input type="checkbox"/> Salesperson Dup \$15.00 (SPD)	
TEMPORARY PERMIT ISSUED: <input type="checkbox"/> No <input type="checkbox"/> Yes	
DATE ISSUED	

REPORTING CHANGE OF ADDRESS ONLY — Complete reverse side.

Important: A new name, corrected name, or a description change must match your DL or ID card before you submit this application.

CALIFORNIA DRIVER LICENSE NUMBER	EXPIRATION YEAR	DATE EXPIRES
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SECTION 1 — APPLICANT INFORMATION *Type or Print*

FULL NAME AS SHOWN ON YOUR DRIVER LICENSE (PRINT FIRST, MIDDLE, LAST)		TELEPHONE NUMBER ()	SOCIAL SECURITY NUMBER
MAILING ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
RESIDENCE ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE

Physical Description	SEX	COLOR HAIR	COLOR EYES	HEIGHT Ft. In.	WEIGHT lbs.	BIRTHDATE
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SECTION 2 — EMPLOYER INFORMATION *This information must be the same as Employer's License*

NAME (PRINT FIRST, MIDDLE, LAST)	FIRM NAME (PRINT)	LICENSE NUMBER
ADDRESS (NUMBER AND STREET)	CITY	STATE ZIP CODE

SECTION 3 — REPLACEMENT IS DUE TO *Check one*

SPD

Loss
 Theft
 Mutilation
 Non Receipt of License (Due to Address Change)

SPC

Correction to Name (Misspelled)
 Change of Name (enter new name in number 1 above) and give previous name _____
 Non Receipt of License (no address change)
 Correction to description

SECTION 4 — APPLICANT'S CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE X	DATE
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REPORT OF CHANGE OF ADDRESS OF A VEHICLE SALESPERSON

SALESPERSON NUMBER
NAME
FOR DMV FIELD OFFICE USE - MUST COMPLETE -
<input type="checkbox"/> OL 132 Issued

Instructions:

1. Fill in your Vehicle Salesperson License Number in the space at the top of the form.
2. Print your name as it appears on you license
3. Give employer's name, address and occupational license number as it appears on the license.
4. Complete the form by placing you signature on the bottom line.
5. Write new address on the reverse side of your license
6. Mail completed report of address change to Department of Motor Vehicles, Occupational Licensing Section, P.O. Box 932342, MS L224, Sacramento, CA 94232-3420.

IMPORTANT — DO NOT send your license with the report of change of address.

PLEASE REPORT A CHANGE OF RESIDENCE ADDRESS TO THE DEPARTMENT WITHIN FIVE DAYS (§11812(c) CVC).

NAME	BIRTHDATE	TELEPHONE NUMBER ()
NEW MAILING ADDRESS (NUMBER AND STREET)	CITY	STATE ZIP CODE
NEW RESIDENCE ADDRESS (NUMBER AND STREET)	CITY	STATE ZIP CODE
DATE OF ADDRESS CHANGE	SOCIAL SECURITY NUMBER	
EMPLOYED BY (FIRM NAME)	OCCUPATIONAL LICENSE NUMBER	
ADDRESS (NUMBER AND STREET)	CITY	STATE ZIP CODE

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE X	DATE
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