STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

COMMERCIAL REQUESTER ACCOUNT BRANCH LOCATION REQUESTER CODE(S) APPLICATION

See Instructions on Reverse

SECTION 1 — MAIN OFFICE

NAME OF BUSINESS	REQUESTER CODE(S) (*IF ISSUED*)	ACCOUNT NUMBER (*IF ISSUED*)

FEDERAL EMPLOYER ID# / STATE TAX ID#	CORPORATION, LLC, LLP NUMBER, LIMITED PARTNERSHIP ID# (*IF APPLICABLE*)	STATE OF ISSUANCE

PRIMARY/HQ CONTACT PERSON NAME/TITLE (*INDIVIDUAL RESPONSIBLE FOR ACCESS*)	TELEPHONE NUMBER
	( )

SECTION 2 — BRANCH LOCATIONS

DBA (*FICTITIOUS BUSINESS NAME*)	REQUESTER CODE ACCESS ☐ Same as Main Office ☐ Basic record only	**DMV USE ONLY** Requester Code(s)

BRANCH CONTACT PERSON NAME/TITLE	EMAIL ADDRESS	TELEPHONE NUMBER
		( )

STREET ADDRESS (*PHYSICAL LOCATION REQUIRED*)	CITY	STATE	ZIP CODE
MAILING ADDRESS (*IF SAME AS PHYSICAL LOCATION, SO STATE*)	CITY	STATE	ZIP CODE
RECORD STORAGE ADDRESS (PHYSICAL LOCATION WHERE RECORDS WILL BE MAINTAINED FOR ON-SITE INSPECTION, REVIEW OR AUDIT BY DMV)	CITY	STATE	ZIP CODE

OCCUPATIONAL/PROFESSIONAL LICENSEE NAME		
ISSUING AGENCY NAME	LICENSE NUMBER	EXPIRATION DATE (*MONTH/YEAR*)

DBA (*FICTITIOUS BUSINESS NAME*)	REQUESTER CODE ACCESS ☐ Same as Main Office ☐ Basic record only	**DMV USE ONLY** Requester Code(s)

BRANCH CONTACT PERSON NAME/TITLE	EMAIL ADDRESS	TELEPHONE NUMBER
		( )

STREET ADDRESS (*PHYSICAL LOCATION REQUIRED*)	CITY	STATE	ZIP CODE
MAILING ADDRESS (*IF SAME AS PHYSICAL LOCATION, SO STATE*)	CITY	STATE	ZIP CODE
RECORD STORAGE ADDRESS (PHYSICAL LOCATION WHERE RECORDS WILL BE MAINTAINED FOR ON-SITE INSPECTION, REVIEW OR AUDIT BY DMV)	CITY	STATE	ZIP CODE

OCCUPATIONAL/PROFESSIONAL LICENSEE NAME		
ISSUING AGENCY NAME	LICENSE NUMBER	EXPIRATION DATE (*MONTH/YEAR*)

SECTION 3 — ACKNOWLEDGEMENT AND CERTIFICATION STATEMENT

I hereby acknowledge that I am an authorized representative of the company and I have read and agree to the Commercial Requester Account Terms and Conditions (INF 1230).

I understand that the use, or unauthorized disclosure, of departmental information for a purpose other than that for which this applicant applied, and was approved by the Department, is prohibited and subject to criminal prosecution, including fines and imprisonment. (California Vehicle Code Section 1808.45) I further understand that obtaining departmental information under false representation, the distribution of restricted information, or use of information for a purpose not specified by this applicant and approved by the Department, may result in suspension/revocation of applicant's access privileges and civil penalties up to $100,000. (California Vehicle Code Section 1808.46)

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 consent to receive service of process pursuant to the provisions of California Vehicle Code Section 1808.21(c).

COMPLETED BY PRIMARY/HQ CONTACT PERSON (*NAME/TITLE*)	DATE
X	

Print Clear Form

INSTRUCTIONS FOR COMPLETING THE COMMERCIAL REQUESTER ACCOUNT BRANCH LOCATION REQUESTOR CODE(S) APPLICATION

IMPORTANT

KEEP COPIES OF ALL FORMS FOR YOUR RECORDS PRIOR TO SUBMITTING THEM TO THE DMV.
COPIES WILL NOT BE RETURNED

WHAT IS A BRANCH LOCATION?

A "Branch Location" is "an offshoot, lateral extension, or division of an institution with a separate physical location." A Branch Location, must operate under the same corporate number and DMV Occupational License as the account holder. If separate corporation numbers or Occupational License numbers are indicated, please complete an application for a separate Commercial Requester Account (CRA).

FEE

There are no additional application fees for branch locations.

SECTION 1

Include the Requester Code Number(s) and Account Number(s), if already issued, of the account holder.

Name of Business – Enter the true full name of the sole proprietor or each partner or corporation name as on file with the State of Issuance.

Requester Code(s) (If Issued) – Requester code(s) issued to Primary/HQ location.

Account Number (If Issued) – Account/Agreement Number issued to Primary/HQ location.

Federal Employer ID# or State Tax ID# – The FEIN or State Tax ID number is required on all applications. If you wish to have an FEIN assigned, contact the IRS at (800) 829-1040. If you are a sole proprietor, this may be the same as your Social Security Number (SSN). SSN information collected as part of the Commercial Requester Account application process will be used in accordance with State and Federal law.

Corporation, LLC, LLP Number, LP ID# – Enter the **number** issued to the corporation, LLC, LLP, or LP.

State of Issuance – Enter the **state of issuance**, if applicable.

NOTE: If your corporation is not located in California and your state does not issue corporation numbers, you must list the state in which you are incorporated and write "No Corp. # issued."

Contact Person Name/Title, E-Mail Address, Phone – Please provide the name, e-mail address and daytime phone number of the individual who will be responsible for administering the branch location's access to DMV information.

SECTION 2

Complete for each branch location as follows:

Corporation or Occupational License number of Branch – Provide the Corporation or Occupational License number under which the branch location is operating. Please remember, if the branch location has a separate Corporation or Occupational License, they must complete an application for a separate CRA.

Requester Code Access – If the main office and specified branch locations are to have the same type of access, mark "Same as Main Office." If the Main Office is authorized to and is receiving residence address information and the branch locations are to be restricted to basic record information only (i.e., no residence addresses), mark "Basic record only".

DMV USE ONLY – Leave Blank.

Branch Contact Person Name/Title, E-Mail Address, Phone – Please provide the name, e-mail address (if applicable) and daytime phone number of the individual who will be responsible for the branch location's access.

Street Address – Please provide the physical address of the branch location including number, street, city, state and zip.

Mailing Address – Please provide the mailing address of the branch location where you would like DMV information mailed. If same as street address, state "Same".

Record Storage Address – Please provide the physical location where records will be maintained for on-site inspection, review or audit by DMV or designated representative.

Professional or Occupational Licensee Name – The name of the licensee as it appears at the registering agency- must match primary account.

Issuing Agency Name – The name of the state or federal agency issuing license - must match primary account.

License Number – Provide the Corporation or Occupational License number under which the branch location is operating. Please remember, if the branch location has a separate Corporation or Occupational License, they must complete an application for a separate CRA.

EXPIRATION DATE (*MONTH/YEAR*) – The expiration month and year of the license.

SECTION 3

This section must be signed by the Authorized Representative for the primary account. Provide full name and title.