STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

DMV USE ONLY	
OL NUMBER	DATE APPLICATION RECEIVED
ACR NUMBER	DATE PERMIT ISSUED
ORIGINAL APPLICATION FEE	DATE PERMIT EXPIRES
NVMB FEE	REGION CC
FINGERPRINT FEE	INSPECTOR NAME/ID NUMBER
OTHER FEE	TOTAL FEE
SUSPENSE RECEIPT NUMBER	

ORIGINAL APPLICATION FOR OCCUPATIONAL LICENSE

SECTION 1 — BUSINESS INFORMATION

Dealer ***(Business Model) (Check one box.)***

- ☐ Retail New
- ☐ Retail Used
- ☐ Wholesale

Autobroker Endorsement

☐ Yes ☐ No

NOTE: Wholesale only dealers are not eligible for an Autobroker Endorsement.

OR

Other Type of License (***Check one box.***)

- ☐ Dismantler
- ☐ Lessor-Retailer
- ☐ Transporter
- ☐ Distributor
- ☐ Manufacturer
- ☐ Remanufacturer

SECTION 2 — MAIN OFFICE *(Complete OL 21 for Branch Locations.)*

TRUE FULL NAME OF SOLE OWNER, ALL PARTNERS, CORPORATION, LIMITED LIABILITY COMPANY, OR ASSOCIATION

FIRM NAME | TELEPHONE NUMBER ( )

FIRM ADDRESS

CITY | STATE | ZIP CODE

SECTION 3 — CHECK THE VEHICLES TO BE SOLD AT THIS LOCATION (DEALERS ONLY)

NEW	☐ Automobile/Commercial* ☐ Recreational Trailer* **OL 124 required.*	☐ Motorcycle* *(including Off-Highway)* ☐ Trailer *(Letter of Authorization required.)*	☐ All-Terrain Vehicle* ☐ Snowmobile*	☐ Motorhome*
USED	☐ Automobile/Commercial ☐ Recreational Trailer	☐ Motorcycle *(including Off-Highway)* ☐ Trailer	☐ All-Terrain Vehicle ☐ Snowmobile	☐ Motorhome

SECTION 4 — PLATE(S) REQUEST

Enter number of plates only. Please visit our website at ***dmv.ca.gov*** *for current fees. The Licensing Inspector will complete county fees and total.*

Auto $ 5.00 (Each Plate) + $_____ (County Fees) = $ 5.00 x _____ (No. of Plates) = $ 0.00 (Total)

MOTORCYCLE $_____ (Each Plate) + $_____ (County Fees) = $_____ x _____ (No. of Plates) = $ 0.00 (Total)

Auto also applies to trailers and motorhomes.

SECTION 5 — FOR DISMANTLER ONLY *(Must also complete OL 21D.)*

All plates acquired from vehicles will be:..... ☐ Destroyed ☐ Turned into the department.

Initials

Pursuant to *California Vehicle Code* §11520(4), I agree to deliver to the department within 90 calendar days of the date of vehicle acquisition, the last issued license plates or a certificate of license plate destruction (form REG 42 serves as the certificate). _____

SECTION 6 — FOR MANUFACTURER OR REMANUFACTURER ONLY

Attach pictures and detailed description adequate to identify vehicle to be manufactured. List the 17-digit VIN number or sample configuration from the Society of Automotive Engineers _____.

Print Clear Form

OL NUMBER
NAME

SECTION 7 — FINANCIAL INSTITUTION BUSINESS ACCOUNT INFORMATION

NAME OF FINANCIAL INSTITUTION		ACCOUNT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
NAME OF PERSON AUTHORIZED TO DRAW FUNDS OR ISSUE CHECKS FROM ACCOUNT		TELEPHONE NUMBER ( )	

IF ACCOUNT IS NOT CARRIED UNDER SAME NAME AS SHOWN ON THIS APPLICATION, UNDER WHAT NAME IS IT CARRIED?

SECTION 8 — PROPERTY USE APPROVAL

(Must be completed by applicant. Excludes out-of-state Manufacturers and Distributors.)

Does location meet all city and county property use requirements? ..... ☐ Yes ☐ No

SECTION 9 — PROPERTY DATA

PROPERTY IS: *(Check one box.)*			**APPROXIMATE SQUARE FEET**			
☐ Leased	☐ Rented	☐ Owned	Office Area	Building Area	Display Area	Total Area
LEASE OR RENTAL PERIOD						0
PROPERTY OWNER FULL NAME					TELEPHONE NUMBER ( )	
PROPERTY OWNER ADDRESS			CITY		STATE	ZIP CODE

SECTION 10 — APPLICANT CERTIFICATION

Initials

1. I have an established place of business where I agree to keep all books and records relating to the business, available for, and open to inspection by any peace officer during regular business hours. _____
2. I understand that all Report of Sale or Notice of Acquisition Books and Special Plates issued to me by the Department of Motor Vehicles are property of the State of California and must be surrendered to any authorized, identified Department employee on demand. _____
3. The main place of business and all branches have offices and display or dismantling areas situated on the same property where business related to the type of license issued is transacted. (Except Wholesale-Only and Autobroker dealers.) _____
4. The place of business is properly identified by a sign posted in a conspicuous place in each and every location. Such signs shall provide information relating to the business name and address so as to enable any person doing business with me to properly identify the business. (Except Wholesale-Only dealers.) _____
5. I agree to notify the Department in writing immediately of any change in location of this business or any addition or deletion of branch offices and to provide simultaneously a complete description of the new location of this business and the name of the manager there. _____
6. I agree to notify the Department in writing immediately of any change in the ownership or in the legal structure of this business and on request from the Department will submit new application papers properly reflecting the changes together with the required fees. _____
7. I will maintain on file with the Department an authorization to sell each make of new vehicle that I sell and report on new vehicle reports of sale. _____

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

PRINTED NAME OF SOLE OWNER, ALL PARTNERS, CORPORATE OFFICER, LLC MEMBER, OR ASSOCIATION REPRESENTATIVE		TITLE
SIGNATURE OF SOLE OWNER, ALL PARTNERS, CORPORATE OFFICER, LLC MEMBER, OR ASSOCIATION REPRESENTATIVE **X**		DATE
PRINTED NAME OF INSPECTOR/NUMBER	INSPECTOR SIGNATURE **X**	DATE

Print Clear Form