

# NEW DEALER APPLICATION FORMS PACKET



FIRM NUMBER	
NAME	_
NAME	

# APPLICATION FOR ORIGINAL OCCUPATIONAL LICENSE (PART C)

		(PA	RT C)				
SECTION A — OWNERSHIP I	NFORMATION						
Stockholder of the corporation par of the limited liability company par	ticipating in the directicipating in the direction	ection, control and rection, control a	d managemend nd managen	ent of the policy of the nent of the policy of th	business; each ne business; a	h Member and Ma nd each member	anager r of the
Stockholder of the corporation participating in the direction, control and management of the policy of the business; each Member and Man of the limited liability company participating in the direction, control and management of the policy of the business; and each member or association participating in the direction control and management of the association (attach separate sheet if additional space is needed).  PRINT TRUE FULL NAME (Last, First, Middle)  EMAIL ADDRESS  TITLE  DATE OF BIRTH  DATE OF BIRTH  INDIVIDUAL 1  Icertify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. If further certify that I am the sole owner of (print firm name)  all answers and information contained within Part A and Part B of this application are true and correct.  We further certify that we are co-partners (print firm name)  We certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. We further certify that we are co-partners (print firm name)  We certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. We further certify that we are co-partners (print firm name)  NO Other person is associated in the ownership of the business, and that all answers and information contained within Part A and Part B o application are true and correct.  We further certify that (print corporate name)  In the State of California that the foregoing is true and correct.  If urther certify that (print corporate name)  is incorpor in the State of California that the foregoing is true and correct.  If urther certify that (print corporate name)  is incorpor in the State of California that the foregoing is true and correct.  If urther certify that (print corporate name)  is incorpor in the State of California to transact business in California, and that all answers and information contained within Part A and Part B of this application are true on co		TH .					
· ·	· · · · ·						
SECTION B — CERTIFICATION	DN						
INSTRUCTIONS: Complete Sect limited liability company, or ass	ion 1, 2, 3, 4, or 5	below dependir	ng on wheth	er ownership is an i	 ndividual, par	tnership, corpo	ration,
	lty of periury unde	er the laws of th	e State of C	alifornia that the fore	eaoina is true	and correct.	
I further certify that I am the sole o	vner of (print firm n	ame)					nd that
	nea within Part A a	ina Part B of this		are true and correct.	ID	ATE	anager of the d).  TH  pration,  and that and is a porated and is a por
	TION A — OWNERSHIP INFORMATION  True full name, title of Individual, and date of birth; each partner (designate whether general or limited); each principal Officer and Director, or kholder of the corporation participating in the direction, control and management of the policy of the business; each Member and Manage in the limited liability company participating in the direction, control and management of the policy of the business; each Member and Manage in the limited liability company participating in the direction control and management of the association fattach separate sheet if additional space is needed.  PRINT TRUE FULL NAME (Last, First, Middle)  EMAIL ADDRESS  TITLE  DATE OF BIRTH  DATE OF BIRTH  DATE OF BIRTH  TRUCTIONS: Complete Section 1, 2, 3, 4, or 5 below depending on whether ownership is an individual, partnership, corporation, ted liability company, or association.  TRUCTIONS: Complete Section 1, 2, 3, 4, or 5 below depending on whether ownership is an individual, partnership, corporation, ted liability company, or association.  TITLE  DATE OF BIRTH  DATE OF BIRTH  TITLE  DATE OF BIRTH  TITLE DATE OF BIRTH  TITLE  DATE OF BIRTH  TITLE  DATE OF BIRTH  T						
SECTION 2 — PARTNERSHIF	•	,					
We certify (or declare) under pe	nalty of perjury u	nder the laws of	the State o	f California that the f	oregoing is tr	ue and correct.	
	e ownership of the	business, and th	nat all answe	rs and information cor	ıtained within l	Part A and Part B	of this
					DATE		
			ΙΧ				
			e State of C				
	•					•	
						,	
		iodo iii Gaiiioiiiia,	ana mat an	anoword and imornial	on comanica	within are rearia	rantb
SIGNATURE OF CORPORATE OFFICER AUTHOR		PORATION	TITLE		D	ATE	
	LITY COMPANY	•					
			e State of C	alifornia that the fore	eaoina is true	and correct.	
					_		orated
			T				
X			TITLE		D	ATE	
SECTION $5$ — ASSOCIATION							
l certify (or declare) under pena	lty of perjury unde	er the laws of th	e State of C	alifornia that the fore	going is true	and correct.	
I further certify that (print firm name)						ie an acce	ociation

and that all answers and information contained within Part A and Part B of this application are true and correct.



DATE

X

SIGNATURE OF MEMBER AUTHORIZED TO SIGN FOR ASSOCIATION



# ORIGINAL APPLICATION FOR OCCUPATIONAL LICENSE

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			

SECTION 1	— BUSINESS INFORMA	ATION		
Dealer (Busing Retail Ne Retail Us Wholesal	ed	Autobroker Endorsement  Yes No  NOTE: Wholesale only dealers are not eligible for an Autobroker Endorsement.	Other Type of License (Compared Dismantler Dismantler Dessor-Retailer Transporter Dismantler Disman	Check one box.) Distributor Manufacturer Remanufacturer
SECTION 2	. — MAIN OFFICE (Comp.	lete OL 21 for Branch Locations.)		
TRUE FULL NAME	OF SOLE OWNER, ALL PARTNERS, CO	PRPORATION, LIMITED LIABILITY COMPANY, OR ASS	OCIATION	
FIRM NAME			TELEPHONE NUMBER	
FIRM ADDRESS			, ,	
CITY			STATE	ZIP CODE
SECTION 3	— CHECK THE VEHICL	ES TO BE SOLD AT THIS LOCATION	ON (DEALERS ONLY)	
NEW	Automobile/Commercial* [ Recreational Trailer* [ 124 required.	☐ Motorcycle* (including Off-Highway)☐ Trailer (Letter of Authorization require	☐ All-Terrain Vehicle*  d.) ☐ Snowmobile*	☐ Motorhome*
09ED	Automobile/Commercial Recreational Trailer	☐ Motorcycle <i>(including Off-Highway)</i> ☐ Trailer	☐ All-Terrain Vehicle☐ Snowmobile	☐ Motorhome
SECTION 4	— PLATE(S) REQUEST			
Enter number county fees	•	t our website at <b>dmv.ca.gov</b> for curre	ent fees. The Licensing Inspe	ector will complete
	+ \$ = \$ x_No. of Pla	mates = \$ MOTORCYCLE \$ Omes.	Plate + \$ = \$ x_N	lo. of Plates Total
SECTION 5	— FOR DISMANTLER O	ONLY (Must also complete OL 21D.)		
All plates ac	quired from vehicles will be:		Destroyed  Turned in	to the department.  Initials
of the date	•	520(4), I agree to deliver to the depa ast issued license plates or a certifica		
SECTION 6	— FOR MANUFACTURI	ER OR REMANUFACTURER ONL	Υ	
	res and detailed descriptior iguration from the Society o	n adequate to identify vehicle to be n	nanufactured. List the 17-di	git VIN number or

						NAME	
SI	ECTION 7 — FINA	NCIAL INSTITUTI	ION BUSINES	SS ACCOUN	T INFORMATIO	 N	
NA	ME OF FINANCIAL INSTITUTION	ON				ACCOUNT NUMBER	
AD	DRESS OF FINANCIAL INSTIT	TUTION		CITY		STATE	ZIP CODE
NA	ME OF PERSON AUTHORIZED	D TO DRAW FUNDS OR ISSUE	CHECKS FROM ACC	COUNT		TELEPHONE NUMBER	
IF A	ACCOUNT IS NOT CARRIED U	INDER SAME NAME AS SHOW	/N ON THIS APPLICAT	TION, UNDER WHAT N	IAME IS IT CARRIED?		
	ECTION 8 — PRO flust be completed by		_	Manufacturers	and Distributors.)		
	oes location meet al						. 🗌 Yes 🗌 No
SI	ECTION 9 — PRO	PERTY DATA					
PF	ROPERTY IS: (Checi	k one box.)			APPROXIMAT	E SQUARE FEE	Г
	Leased	Rented	☐ Owned	Office Area	Building Area	Display Area	Total Area
LEA	ASE OR RENTAL PERIOD						
PR	OPERTY OWNER FULL NAME					TELEPHONE NUMBER	
						( )	
PR	OPERTY OWNER ADDRESS			CITY		STATE	ZIP CODE
	I have an established			n keen all hook	s and records rela	ting to the husines	Initials
١.		pen to inspection by					
2.	I understand that all F of Motor Vehicles an Department employ	re property of the Stat					
3.	The main place of I same property whe and Autobroker dea	ere business related t					
4.		ss is properly identifie ovide information rela n me to properly ident	ating to the bus	iness name an	d address so as to	enable any perso	
5.		Department in writing the offices and to provible of the manager to the manager t	ide simultaneou				
6.		Department in writing d on request from the er with the required for	e Department v				
7.	I will maintain on fil report on new vehice	le with the Departme		tion to sell eac	h make of new ve	ehicle that I sell a	nd
Ic	ertify (or declare) ui	nder penalty of perju	ury under the la	aws of the Sta	te of California th	at the foregoing i	s true and correct.
PR	INTED NAME OF SOLE OWNE	ER, ALL PARTNERS, CORPORA	ATE OFFICER, LLC MI	EMBER, OR ASSOCIA	TION REPRESENTATIVE	TITLE	
SIG	GNATURE OF SOLE OWNER, A	ALL PARTNERS, CORPORATE	OFFICER, LLC MEME	BER, OR ASSOCIATIO	N REPRESENTATIVE	DATE	
	INTED NAME OF INSPECTOR	/NUMBER	INSPECTOR:	SIGNATURE		DATE	

OL NUMBER



## STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

#### **DEALER SURETY BOND**

(Vehicle Code Section 11710)

		DM	v us	E 01	NLY		
OCCL	IPATIC	NAL L	ICENS	SINGN	IUMBE	R	

Licensing Operations Division Occupational Licensing Branch P.O. Box 932342, MS: L224 Sacramento, CA 94232-3420

Bond Number	
	SURETY USE ONLY
Premium Amount	
	CLIDETY LICE ONLY

,	SURETY USE ONLY
KNOW ALL PERSONS BY THESE PRESENTS:	
That wa	
That we,	NAME(S) AND DBA
	,
doing business as a dealer whose address for service is	
PDD (GD) (	DEALER SERVICE ADDRESS
as PRINCIPAL	, and,
a corporation organized under the laws of	and authorized to transact a
general surety business in the State of California, whose address for ser	vice isSURETY SERVICE ADDRESS
	, as SURETY, are held and firmly bound to the People of the State of
California in the penal sum of FIFTY THOUSAND DOLLARS	(\$50,000), for which payment we bind ourselves, our heirs, executors,
administrators, successors and assigns jointly and severally, firmly by t	hese presents. The bond term shall begin on  BOND EFFECTIVE DATE
	incipal file or have on file with the Department a bond in the sum of \$50,000
NOW THEREFORE, the conditions of the foregoing obligation	n are that if the Principal shall not practice any fraud or make any fraudulent
* *	financing agency, or governmental agency; and, shall not fail to comply with
conditions set out in section 11711, then this obligation is to be void; of	
PROVIDED HOWEVER, this bond is issued subject to the following the state of the sta	
	nall remain in full force and effect and shall run concurrently with the license ecceeding license period or periods for which said Principal may be licensed, lity or indebtedness therefore incurred or accrued hereunder.
	Article 1 (commencing with section 11700), Chapter 4, Division 5, Vehicle d said bond shall be subject to all the terms and provisions thereof.
(3) The aggregate liability of the Surety hereunder on all	claims whatsoever shall not exceed the penal sum of this bond in any event.
(4) This bond may be cancelled by the Surety in accordance part 2, Code of Civil Procedure.	ance with Article 13 (commencing with section 996.310), chapter 2, title 14,
	I severally liable on the obligations of the bond, chapter 2 (commencing with Article 1 (commencing with section 11700), Chapter 4, Division 5, Vehicle
(6) The Principal and Surety may be served with notice 995.010), title 14, part 2, Code of Civil Procedure at the address	es, papers and other documents under chapter 2 (commencing with section ses given above.
I certify (or declare) under penalty of perjury, under the laws of the executes this bond on behalf of the surety under an unrevoked power of	State of California that the foregoing is true and correct. The undersigned fattorney.
Executed at	X SIGNATURE OF ATTORNEY-IN-FACT
	SIGNATURE OF ATTORNEY-IN-FACT
On (Date)	PRINTED OR TYPED NAME OF ATTORNEY-IN-FACT

# INSTRUCTIONS FOR COMPLETING THE SURETY BOND FOR AN OCCUPATIONAL LICENSE APPLICATION

The surety must complete the bond as follows to meet the department's regulatory requirements.

**Bond Number:** Enter the bond number. The bond number and the principal name should be included on all correspondence to the department.

**Premium Amount:** Enter the premium amount.

**Principal Name(s) and DBA (doing business as):** Enter the true, full name of the Principal and DBA(s) which must match the names as presented on the application submitted to the department. When the Principal is a:

- Sole Owner List the true, full name of that person and each DBA name(s).
- *Partnership* List the true, full name of each partner and each DBA name(s).
- *Limited Liability Company* List the true, full name of the limited liability partnership or company and each DBA name(s).
- *Corporation* List the true, full name of the corporation and each DBA name(s) as filed and registered with the California Secretary of State; include the assigned registration number.
- Association List the true, full name of the association and each DBA name(s).

A surety bond will not be accepted unless it is issued in the true, full name of the occupational licensee as presented on the application. When the name of the Principal is the same as the DBA name, only list the Principal's name.

**Dealer Service Address:** Enter the address at which the principal may be served with notices, papers, and other documents related to this bond.

**Surety Name:** Enter the true, full name as filed with the Department of Insurance. A surety issuing the bond must be an admitted surety insurer authorized to transact business in California.

State of Incorporation: Enter the state or country where the surety company's incorporation documents are filed.

**Surety Service Address:** Enter the address where legal documents may be served on the surety.

Bond Effective Date: Enter the month, day and year of the bond effective date.

**Executed in:** Enter the city and county where the bond is signed.

On (date): Enter the month, date and year when the bond is signed.

**Signature of Attorney-in-Fact:** Sign the true, full name of the person who represents and is authorized to sign for the surety company.

**Printed or Typed Name of Attorney-in-Fact:** Enter the true, full name of the person signing on behalf of the surety company.

## STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES



#### SURETY BOND OF MOTORCYCLE DEALER, MOTORCYCLE LESSOR-RETAILER, ALL-TERRAIN VEHICLE DEALER, OR WHOLESALE-ONLY DEALER (LESS THAN 25 VEHICLES PER YEAR)

DMV USE ONLY
OCCUPATIONAL LICENSING NUMBER

(Vehicle Code Sections 11612, 11710 and 11710.1)

Licensing Operations Division	Bond Number	SURETY USE ONLY
Occupational Licensing Branch P.O. Box 932342, MS: L224		SURETY USE ONLY
Sacramento, CA 94232-3420	Premium Amount _	SURETY USE ONLY
KNOW ALL PERSONS BY THESE PRESENTS:		
That we,		
PRINCIPAL NA	AME(S) AND DBA	
doing business as a dealer or lessor-retailer whose address for service is	DEALER/LESSOR-RETAILER SERVICE AD	DRESS
as PRINCIPAL, ar	nd	
	SURETY NAME	
a corporation organized under the laws of	ATE OF INCORPORATION	and authorized to transact a
general surety business in the State of California, whose address for service	ee issurety service address	
California in the penal sum of TEN THOUSAND DOLLARS (\$10,000), successors and assigns jointly and severally, firmly by these presents. The	, as SURETY, are held and firmly bound to for which payment we bind ourselves, our heirs, a bond term shall begin on	executors administrators
WHEREAS, section 11612, or sections 11710 and 11710.1, Vehicle		
bond in the sum of \$10,000 and this bond is executed and tendered in according		ne with the Department a
NOW THEREFORE, the conditions of the foregoing obligation a representation which will cause a monetary loss to a purchaser, seller, finconditions set out in section 11711, then this obligation is to be void; other	ancing agency, or governmental agency; and, sha	
PROVIDED HOWEVER, this bond is issued subject to the follow	ing express conditions:	
(1) This bond shall be deemed continuous in form and shall period for which the license is granted and each and every succe after which liability hereunder shall cease except as to any liability	eding license period or periods for which said P	rincipal may be licensed,
(2) This bond is executed by the Surety to comply with Chachapter 2, title 14, part 2, Code of Civil Procedure and said bond sl	-	
(3) The aggregate liability of the Surety hereunder on all cla	ims whatsoever shall not exceed the penal sum of	this bond in any event.
(4) This bond may be cancelled by the Surety in accordance part 2, Code of Civil Procedure.	e with Article 13 (commencing with section 996	5.310), chapter 2, title 14,
(5) The Surety, its successors and assigns, are jointly and se section 995.010), title 14, part 2, Code of Civil Procedure and Cha		_
(6) The Principal and Surety may be served with notices, 995.010), title 14, part 2, Code of Civil Procedure at the addresses		commencing with section
I certify (or declare) under penalty of perjury, under the laws of the State executes this bond on behalf of the surety under an unrevoked power of		correct. The undersigned
Executed at	X SIGNATURE OF ATTORNEY-IN-FACT	
On (Date)	PRINTED OR TYPED NAME OF ATTORNEY-IN-FACT	

# INSTRUCTIONS FOR COMPLETING THE SURETY BOND FOR AN OCCUPATIONAL LICENSE APPLICATION

The surety must complete the bond as follows to meet the department's regulatory requirements.

**Bond Number:** Enter the bond number. The bond number and the principal name should be included on all correspondence to the department.

**Premium Amount:** Enter the premium amount.

**Principal Name(s) and DBA (doing business as):** Enter the true, full name of the Principal and DBA(s) which must match the names as presented on the application submitted to the department. When the Principal is a:

- Sole Owner List the true, full name of that person and each DBA name(s).
- *Partnership* List the true, full name of each partner and each DBA name(s).
- *Limited Liability Company* List the true, full name(s) of the limited liability partnership or company and each DBA name(s).
- *Corporation* List the true, full name of the corporation and each DBA name(s) as filed and registered with the California Secretary of State include the assigned registration number.
- Association List the true, full name of the association and each DBA name(s).

A surety bond will not be accepted unless it is issued in the true, full name of the occupational licensee as presented on the application. When the name of the Principal is the same as the DBA name, only list the Principal's name.

**Dealer/Lessor-Retailer Service Address:** Enter the address at which the principal may be served with notices, papers, and other documents related to this bond.

**Surety Name:** Enter the true, full name as filed with the Department of Insurance. A surety issuing the bond must be an admitted surety insurer authorized to transact business in California.

State of Incorporation: Enter the state or country where the surety company's incorporation documents are filed.

Surety Service Address: Enter the address where legal documents may be served on the surety.

Bond Effective Date: Enter the month, day and year of the bond effective date.

**Executed at:** Enter the city and county where the bond is signed.

On (date): Enter the month, date and year when the bond is signed.

**Signature of Attorney-in-Fact:** Sign the true, full name of the person who represents and is authorized to sign for the surety company.

**Printed or Typed Name of Attorney-in-Fact:** Enter the true, full name of the person signing on behalf of the surety company.



## STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

DMV USE ONLY	
OCCUPATIONAL LICENSING NUMBER	

# **DEPOSIT AGREEMENT AND ASSIGNMENT** (Occupational Licenses, Vehicle Code Division 5)

Licensing Operations Division Occupational Licensing Branch P.O. Box 932342, MS: L224 Sacramento, CA 94232-3420

That I/We TRUE FULL NAME OF APPLICANT(S)					
doing business as	BUSINESS AS NAME				
An applicant for or holder of the below type of license:					
□ \$10,000 Principal in All-Terrain Vehicle Safety	Training Organization CVC §11102				
□ \$10,000 Driving School Owner	CVC §11102				
□ \$ 2,000 Traffic Violator School Owner Classroo					
☐ \$15,000 Traffic Violator School Owner Internet					
☐ \$ 5,000 Vehicle Verifier	CVC §11301				
☐ \$25,000 Registration Service	CVC §11402				
\$50,000 Lessor-Retailer	CVC §§11612/11710	)			
☐ \$50,000 Dealer	CVC §11710				
☐ \$10,000 Motorcycle Dealer and/or All-terrain V	ehicle Dealer CVC §11710				
\$50,000 Remanufacturer	CVC §11710				
☐ \$10,000 Wholesale Only Dealer sells fewer than	25 vehicles per year CVC §11710.1				
whose address for service of notices, papers, and other documents pe	mitted or required to be given is:				
ADDRE	S OF APPLICANT(S)				
DDIN/CUDA I					
as PRINCIPAL; and,	ME OF DEPOSITOR(S)				
as DEPOSITOR, whose address for service of notices, papers, and of	ther documents permitted or required to be given is:				
ADDR	SS OF DEPOSITOR(S)				



sitor h	ereb	y hypothecates and deposits as security for the obligation the following property:
	(1)	Lawful money of the United States in the amount of \$ evidenced by Department receipt number The money shall be maintained by the department in an interest-bearing trust account; and, if no proceedings are pending to enforce the liability of the Depositor on the deposit, the State shall pay quarterly, on demand, any interest on the deposit, when earned in accordance with the terms of the account or certificate, to the Depositor.
	(2)	Bonds or notes of the United States or the State of California:
		DESCRIBE IN DETAIL (BANK NOTE NUMBER, ACCOUNT NUMBER AND/OR CONTROL NUMBER)
		Certificates of deposit "payable to the California Department of Motor Vehicles", not exceeding the federally insured amount, issued by;
		NAME & ADDRESS OF FINANCIAL INSTITUTION
		a bank or savings association authorized to do business in this state and insured by the Federal Deposit Insurance
		Corporation, issued or dated, identified by number, in the amount of \$
		DOLLAR AMOUNT .
	(4)	A savings account, investment certificate or share account not exceeding the federally insured amount, together with evidence of the deposit in the accounts with
		NAME & ADDRESS OF FINANCIAL INSTITUTION a bank or savings association authorized to do business in this state and insured by Federal Deposit Insurance in the amount of \$
	(5)	Share certificates "payable to the Department of Motor Vehicles" not exceeding the guaranteed or insured amount, issued by
		NAME & ADDRESS OF FINANCIAL INSTITUTION
		a credit union, as defined in $\$14002$ of the Financial Code, whose share accounts are insured by the National Credit Union Administration or guaranteed or insured by any other agency that the Commissioner of Business Oversight has not deemed unsatisfactory, issued or dated, identified by number, in the amount of $\$$
	d.	

Depo

In the event the property hypothecated consists of an account in a financial institution as permitted under subdivisions (a)(3), (a)(4), (a)(5), or (a) (6) of §995.710 of the Code of Civil Procedure, the Depositor assigns to the Department the account and the right in the insurance or guarantee of the account by the Federal Deposit Insurance Corporation (FDIC), the Savings Association Insurance Fund (SAIF), or any similar insurance. The Depositor authorizes the Department to collect, sell, or otherwise apply the deposit to enforce the liability of the Principal and Depositor pursuant to chapter 2 (commencing with §995.010) of title 14, part 2 of the Code of Civil Procedure.

WHEREAS, the provisions of division 5 of the California Vehicle Code, referenced above require that the Principal file or have on file with the Department of Motor Vehicles a bond and this deposit agreement is executed and tendered under Civil Code of Procedure §995.710 in lieu of the bond.

NOW THEREFORE, the conditions of the foregoing obligation are that if the Principal complies with the conditions of the bond provided for the type of license, then this obligation is to be void; otherwise it is to remain in full force and effect.

PROVIDED HOWEVER, this deposit agreement is issued subject to the following express conditions:

- (1) This deposit agreement shall be deemed to be continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and for each and every succeeding license period or periods for which said Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This deposit agreement is executed by the Depositor to comply with the provisions of the California Vehicle Code applicable to the type of license and of chapter 2; title 14, part 2 of the Code of Civil Procedure ("the Bond and Undertaking Law") and said deposit agreement shall be subject to all the terms and conditions thereof.
- (3) The aggregate liability of the Depositor hereunder on all claims whatsoever shall not exceed the penal sum of this deposit agreement in any event.
- (4) This deposit agreement may be cancelled by the Depositor in accordance with the provisions of article 13 (commencing with §996.310) of chapter 2, title 14, part 2 of the Code of Civil Procedure.
  - (5) The Depositor, its successors and assigns, are jointly and severally liable on the obligations of this agreement.
- (6) The Depositor and the Principal may be served with notices, papers and other documents under chapter 2 (commencing with §995.010) of title 14, part 2 of the Code of Civil Procedure at the addresses given above.
  - (7) Total number of pages attached, if any .

Executed at _					X							
		CITY AND STATE					S	IGNATURE OF	DEPO	SITOR		
On	GEMENT OF	DATE NOTICE				PRIN	ITED OR T	YPED TRUE FL	JLL NA	ME OF D	EPOSITOR	:
Receipt is hereby Department of the the above assignment claim, or other obles Department in accommodate further agree that the for early withdraw	e above identification. We have ligation against cordance with the full sum of	fied account. We retained a copy at the above account the banking, sa	e have noted of this document prior to it wings and loa shall be a	our record tent. We ce ts assignm in, or cred vailable fo	ls to show ertify that vent to the lit it union later payment	the interowe have r Departments applied to the Do	est of the not rece ent. We cable to	ne Departrived any reagree to reagree to reagree.	ment notice nake , asse	in saide of lie paymociation of be re	d account, encurents as interesting	int as shown in mbrance, holorequired by the dit union. We opay penaltic
		NAME OF FINAN	NCIAL INSTITUTION					(		) TELE	EPHONE N	UMBER
ADDRESS OF FINANCIAL  Executed at	INSTITUTION		CITY		STATE X	ZIP COD						
On SECOND ENDO	DCEMENT	CITY AND STATE  DATE		_				TYPED NAME				/E
Receipt is hereby association or cred	acknowledge											
Dated this :	of	MONTH	,YEAR	at Sacr	amento, C	alifornia.						
DEPARTMENT	OF MOTOR	VEHICLES B	Y									
		E, OCCUPATIONAL LIC			_							
PRINTED OR 1	IYPED NAME OF MA	NAGER, OCCUPATION	AL LICENSING BRAI	NCH								

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

SIGNATURE OF MANAGER, OCCUPATIONAL LICENSING BRANCH

# ADDENDUM TO THE DEPOSIT AGREEMENT AND ASSIGNMENT, OL 25E

NAME OF PRINCIPAL			OL LICENSE NUMBER			
ADDENDUM TO THE DEPOSIT AGREEMENT	DATED:	DEPOSITOR		PRINCIPAL		
SECTION 1 — NAMES AND	) ADDRE	SSES OF ADDITIONAL	PRINCIPALS			
NAME						
ADDRESS		CITY			STATE	ZIP CODE
NAME						
ADDRESS		CITY			STATE	ZIP CODE
NAME						
ADDRESS		CITY			STATE	ZIP CODE
NAME						
ADDRESS		CITY			STATE	ZIP CODE
SECTION 2 — NAMES AND	) ADDRE	SSES OF ADDITIONAL	DEPOSITORS:			
NAME						
ADDRESS		CITY			STATE	ZIP CODE
NAME						
ADDRESS		CITY			STATE	ZIP CODE
NAME						
ADDRESS		CITY			STATE	ZIP CODE
NAME						
ADDRESS		CITY			STATE	ZIP CODE
SECTION 3 — CERTIFICAT	IONS AN	D SIGNATURES OF AD	DITIONAL DEPOS	SITORS		
I certify (or declare) under pend	ulty of perji	ury under the laws of the St	ate of California that	the foregoing is true an	ıd correct.	
DATE		SIGNATURE OF ADDITIONAL DEPOS	SITOR	PRINTED NAME OF ADDITIONAL	L DEPOSITOR	
I certify (or declare) under pend	ılty of perji		ate of California that	the foregoing is true an	nd correct.	
DATE		SIGNATURE OF ADDITIONAL DEPOS	SITOR	PRINTED NAME OF ADDITIONAL	L DEPOSITOR	
I certify (or declare) under pend	ılty of perji		ate of California that	the foregoing is true an	ıd correct.	
DATE		SIGNATURE OF ADDITIONAL DEPOS	SITOR	PRINTED NAME OF ADDITIONAL	L DEPOSITOR	
I certify (or declare) under pend	alty of perji		ate of California that	the foregoing is true an	ıd correct.	
DATE		SIGNATURE OF ADDITIONAL DEPOS	SITOR	PRINTED NAME OF ADDITIONAL	L DEPOSITOR	



DMV	SE ONLY									
OCCUPATIONAL LIC	OCCUPATIONAL LICENSING NUMBER									

## APPLICATION FOR OCCUPATIONAL LICENSE PERSONAL HISTORY QUESTIONNAIRE

#### **BUSINESS LICENSING UNIT**

**IMPORTANT** — **Read Carefully:** Each person applying for an occupational license issued by the Department of Motor Vehicles must complete this questionnaire. Before you submit this questionnaire with your application, be sure that you have signed it and that you have fully answered each question. **Incorrect information is grounds for refusal to issue a license.** 

SE	CTION 1 —	APPLICANT IN	IFORMATION (Type or print your true	full r	ame.)						
NAMI	E (LAST, FIRST, M	IIDDLE)		EMAI	L ADDRESS					DAYTIME 1	TELEPHONE NUMBER
RESI	DENCE ADDRES	S (NUMBER AND STREE	T) CITY		STATE	-	ZIP CODE			EVENING	TELEPHONE NUMBER
		`	,							( )	)
DATE	OF BIRTH		SEX		HAIR COLO	OR	EYE COLOR	?	HEIGHT	-`	WEIGHT
DRIV	ER LICENSE/IDE	NTIFICATION CARD NUM	│□ Male □ Female □ Nonbir <sup>MBER</sup>	nary	STATE	EXPIR	ATION DATE	SOCIAL	SECURIT	Y/INDIVIDU	ALTAXPAYER ID NUMBER
SE	CTION 2 —	EMPLOYMENT	THISTORY FOR THE PAST THREE	E YE	ARS (B	Begin v	vith your n	nost r	ecent jo	ob. List e	each separately.)
N	FROM IO YR	TO MO YR	EMPLOYERS: NAMES, ADDRESSES, TYPE OF	BUS	INESS		J	OB TI	ΓLE/DU	TIES PEI	RFORMED
							_				
							-				
						-	-				
							-				
(ATT	ACH SEPARA	TE SHEET IF ADDI	TIONAL SPACE IS NEEDED)								
SE	CTION 3 —	EDUCATION (	for Traffic Violator Schools Only)								
			NAME AND ADDRESS OF S	СНО	OL		NUMB OF YEA			UATED? OR NO	DATE COMPLETED
HIG	H SCHOOL										
	LEGE OR										
UNI	VERSITY										
OTH	IED						-				
011	ILIX						-				
SE	CTION 4 —	BACKGROUNI	D INFORMATION								
1.	Have you	ever been knowr	n by or used any name other than the	e na	me appe	earing	on this o	quest	ionnai	re?	☐ Yes ☐ NO
	IF YES, LIST NAI	ME(S)									
2.	, ,	•	r are you now licensed or have you eve		•						
			dealer, registration service, dismantle								
			er, driving school owner, operator, or in ehicle safety training organization or								
	IF YES, LIST LIC							-			

		DMV	V US	ΕO	NLY				
OCCUPATIONAL LICENSING NUMBER									

3.	Have you ever had a business or occupational license issued by this department or an application for such license refused, revoked, suspended or subjected to other disciplinary action or were you ever a partner, managerial employee, officer, director, or stockholder in a firm licensed by this department, and the license was revoked, suspended or subject to other disciplinary action?	□ YES	□ NO
4.	Were you ever the holder of an occupational license issued by another state, authorizing the same or similar activities of a license, and that license was revoked or suspended for cause and was never reissued, or was suspended for cause, and the terms of suspension have not been fulfilled?	YES	□ NO
5.	Have you ever had a civil judgment rendered against you, or as a sole owner, partner, managerial employee, public administrator, officer, director, stockholder, or LLP/LLC managing member?	YES YES	□ NO □ NO
	IF YES, DESCRIBE TYPE OF LICENSE, LIST LICENSE NUMBER, STATE LICENSE WAS ISSUED, NAME AND LOCATION OF COURT OF JURISDICTION		
6.	Have you as a sole owner, partner, managerial employee, officer, director, stockholder, or LLP/LLC managing member sought relief from creditors due to financial hardship in either state or federal court?  IF YES, DESCRIBE TYPE OF LICENSE, LIST LICENSE NUMBER, STATE LICENSE WAS ISSUED, GIVE DATE BANKRUPTCY FILED, NAME AND LOCATION OF COURT OF JURISDICTION	□ YES	□ NO
7.	Do you currently have any criminal charges pending against you in any jurisdiction?	YES	□ №
8.	Have you ever: (If "YES", give details below.)  (a) Been dismissed, fired, demoted, had your salary or compensation reduced or had any other adverse action taken against you, for any reason?	YES YES YES	<ul><li>□ NO</li><li>□ NO</li><li>□ NO</li><li>□ NO</li></ul>
9.	ALL APPLICANTS:  EXCLUDING TRAFFIC OFFENSES, have you ever been CONVICTED, PLACED ON PROBATION, OR RELEASED FROM INCARCERATION FOLLOWING CONVICTION for any crime or offense, either Felony or Misdemeanor, of ANY jurisdiction, within the last ten years? Read Important Notice on the next page and complete Section 5.	□ YES	□ NO
10.	APPLICANTS FOR DRIVING SCHOOL OWNER, TRAFFIC VIOLATOR SCHOOL OWNER, ALL-TERRAIN VEHICLE SAFETY TRAINING ORGANIZATION OWNER:  INCLUDING TRAFFIC OFFENSES, have you ever been CONVICTED, PLACED ON PROBATION, OR RELEASED FROM INCARCERATION FOLLOWING CONVICTION for any crime or offense, either Felony or Misdemeanor, of ANY jurisdiction, within the last ten years? Read Important Notice on the next page and complete Section 5.	□ YES	□ NO

	DMV	USE C	NLY	
OCCUPA	TIONAL LIC	CENSING	NUME	BER

#### IMPORTANT NOTICE

#### **IMPORTANT NOTICE**

#### IMPORTANT NOTICE

\*Even if you were pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under *California Penal Code* (CPC) §1203.4, or any other federal or state law equivalent, you must disclose the conviction. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you must still disclose the conviction. *Applicants need NOT disclose a conviction for violation of California Health and Safety Code (CHSC)* §§11357(b), (c), (d) and (e); or 11360(b), if the conviction is more than two years old.

**Failure to disclose all convictions,** including those out-of-state or out-of-county **may result in the cancellation** of the temporary permit and may result in the refusal of the occupational license. Listing all conviction information may not necessarily preclude you from receiving a license.

<b>Annlicant</b>	Initials	Required	
ADDIICAIIL	IIIIIIIIII	Reduired	

#### FAILURE TO INITIAL WILL DELAY PROCESSING OF THIS APPLICATION

#### **SECTION 5 — CONVICTIONS**

If you answered "Yes" to questions #9 or #10, list each separate offense, the date of conviction, offense, court of jurisdiction and disposition in the appropriate columns.

#### TO EXPEDITE A REVIEW OF YOUR APPLICATION, THE FOLLOWING EVIDENCE **MUST** BE SUBMITTED:

- Certified copy of the arresting agency report;
- Certified copy of the court documents.
- CPC §1203.4, expungement of your conviction(s);\*
- Written receipts for payment of court-ordered restitution, fines and fees;
- Character letters attesting to your honesty and integrity by persons who know the circumstances of your conviction(s);
- Evidence of completion of a drug or alcohol abuse program.

DATE OF	CONVICTED OF	MISDEMEANOR	COURT OF JURISDICTION				
CONVICTION	CONVICTED OF	OR FELONY	(FULL NAME AND ADDRESS)	Amount Fined	Term of Probation	Jail or Prison Term	Date Released
-							

(ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED)

FAILURE TO PROVIDE COMPLETE INFORMATION ON THIS APPLICATION, INCLUDING INFORMATION RELATING TO EMPLOYMENT HISTORY AND CRIMINAL CONVICTIONS, IS GROUNDS TO DENY ISSUANCE OF A LICENSE BY THE DEPARTMENT OF MOTOR VEHICLES.

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Ю.	•	1	JIN	U	_	м		П		ı	, /-	M	М		o.				ı	М		·	лΝ	4

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

SIGNATURE	TITLE	DATE
X		

# IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THE FOLLOWING INFORMATION ADVISORY STATEMENT

The information required on this form pertains to eligibility for issuance of an occupational license. It is required under authority of Division 5 of the *California Vehicle Code* (CVC). Failure to provide the information is cause for refusal to issue an occupational license.

This information is public record, regularly used by law enforcement agencies, and is open to inspection by the public. Information contained in these records, classified as confidential or personal pursuant to the Information Practices Act of 1977 and the Public Records Act, is exempt from disclosure. Individuals are entitled to inspect or obtain copies of information contained in their records during regular office hours by prior arrangement.

The Occupational Licensing Branch, P.O. Box 932342, Sacramento, CA 94232-3420, is responsible for maintaining this information.

#### **DISCLOSURE STATEMENT**

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE — You are required by law to provide your social security number or your application will be denied.

Your social security number will be collected pursuant to *California Business and Professions Code* (CBPC) §30. It is used in the administration of occupational licensing laws to determine eligibility for issuance or renewal of an occupational license subject to the applicable provisions of the CVC, CBPC §§29.5, 30 and 31, as well as *California Welfare and Institutions Code* (CWIC) §11350.6. It is also used to aid in the collection of monies owed in connection with failure to pay a fine or failure to appear in court by an applicant; and to aid in the collection of monies owed by an applicant in connection with Aid to Families with Dependent Children, Child Support and Establishment of Paternity and Federal Payments for Foster Care and Adoption Assistance Programs, pursuant to 42 U.S.C. §§405 and 42 U.S.C. §651 et seq.

Your social security number is not provided for public inspection; however, it will be provided in response to requests for information from state and federal agencies operating and involved in the collection of taxes and child support payments pursuant to 42 U.S.C. §601 et seq., and CBPC §30.

Collection of your social security number is mandatory. Failure to furnish the information requested will result in denial of processing an application for issuance or renewal of an occupational license or permit, pursuant to CBPC §30, Subdivision(c).

#### **DELINQUENT TAX DEBT**

**DELINQUENT TAX DEBT (Effective July 1, 2012)** — California state law allows the California Department of Tax and Fee Administration and the Franchise Tax Board to share taxpayer information with the DMV and requires you to pay a delinquent state tax obligation. Failure to pay this delinquent tax obligation may result in the suspension of your All-Terrain Vehicle Safety Training Organization, Dealer, Dismantler, Distributor, Driving School Owner, Lessor-Retailer, Manufacturer, Registration Service, Remanufacturer, Traffic Violator School Owner, or Transporter license(s).

Please be advised that you may not reapply for a license until a period of one year has elapsed since a previous license for which you are applying now has been revoked, refused, or denied pursuant to CVC §§11810(d), 11903(c), and 11107(c).

APPLICANT SHOULD RETAIN THIS PAGE FOR THEIR INFORMATION IF DOWNLOADED FROM THE INTERNET.

DO NOT SUBMIT WITH APPLICATION.



DMV USE ONLY						
OCCUPATIONAL LICENSING NUMBER						

# OCCUPATIONAL LICENSING SECTION AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

As an applicant for a dealer license with the Department of Motor Vehicles, I/we am/are required, pursuant to Section 11703.4 of the California Vehicle Code, to endorse an authorization for disclosure of account(s) relating to the operation of the dealership.

TRUE FULL NAME OF SOLE OWNER, ALL PARTNERS, CORPORATION, LIN	TED LIABILITY COMPANY, OR ASSOCIATION
FIRM NAME	
lows: account number; name(s) of perso	cial information concerning the dealership account(s) as form(s) establishing account; date each account established; name and address where statements are sent; name(s) of person(sunt(s); and, copies of signature card(s).
I hereby release, discharge, exonerate th	e, the
and kind arising out of the furnishing and	FINANCIAL INSTITUTION On furnishing information from any and all liability of every natural inspection of such documents, records and other information egal representatives, heirs, and assignees.
This release will expire 120 days after th	e date signed.
A photocopy of this release is to be cons	sidered as valid as an original.
SIGNATURE	SIGNATURE
X TITLE	TITLE
DATE	DATE
SIGNATURE	SIGNATURE
X TITLE	X TITLE
DATE	DATE





#### LICENSING OPERATIONS DIVISION

#### CERTIFICATE OF PROPOSED FRANCHISE

DMV USE ONLY							
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#### Instructions:

- This form must be completed by a licensed Manufacturer or Distributor.
- The licensed dealer is responsible for submitting this form to the Department of Motor Vehicles with the appropriate application form(s).

• This form will <b>NOT</b> be accepted if modified or altered and must c	ontain an original s	ignature.
The location is a  Permanent Location		
☐ Temporary Branch Location (must be 30 days of	or less)	
Date(s) of Event: From:	To:	
I/We		
MANUFACTURER/DISTRIBUTOR NAME		LICENSE NUMBER
hereby certify that:		
Written notification to the New Motor Vehicle Board and each franchise 3072(b), or there are no other franchised dealers of the same line-make		
Written notification has been provided to the Board and each franchi franchise establishing an additional motor vehicle dealership or relocution market area, and no protests have been filed or the protest(s) filed we protest). (A change in ownership of an existing established location senter date of notification below.	cate an existing mote ere resolved (i.e., dis	or vehicle dealership within the relevant missed or Board Decision overruling the
MAKE OF VEHICLE(S), MOTORHOME(S), OR RECREATIONAL TRAILER(S)		
DATE THE NEW MOTOR VEHICLE BOARD AND DEALER(S) WERE NOTIFIED, IF APPLICABLE		
PROPOSED FRANCHISEE NAME (AS IT APPEARS ON LICENSE OR APPLICATION FOR LICENSE)		DEALER LICENSE NUMBER (IF APPLICABLE)
ADDRESS (AS SHOWN ON LICENSE OR APPLICATION FOR LICENSE)	CITY	STATE ZIP CODE
AUTHORIZED SIGNATURE (OWNER OF RECORD OR LICENSED REPRESENTATIVE)		DATE
PRINT OR TYPE NAME		OWNER OR REPRESENTATIVE LICENSE NUMBER

#### CALIFORNIA VEHICLE CODE (CVC) - Sections 3062 or 3072\*, state in part:

#### **Establishing or Relocating Dealerships**

3062. (a) (1) Except as otherwise provided in subdivision (b), if a franchisor seeks to enter into a franchise establishing an additional motor vehicle dealership, or seeks to relocate an existing motor vehicle dealership, that has a relevant market area within which the same line—make is represented, the franchisor shall, in writing, first notify the board and each franchisee in that line—make in the relevant market area of the franchisor's intention to establish an additional dealership or to relocate an existing dealership. Within 20 days of receiving the notice, satisfying the requirements of this section, or within 20 days after the end of an appeal procedure provided by the franchisor, a franchisee required to be given the notice may file with the board a protest to the proposed dealership establishment or relocation described in the franchisor's notice. If, within this time, a franchisee files with the board a request for additional time to file a protest, the board or its executive director, upon a showing of good cause, may grant an additional 10 days to file the protest. When a protest is filed, the board shall inform the franchisor that a timely protest has been filed, that a hearing is required pursuant to Section 3066, and that the franchisor may not establish the proposed dealership or relocate the existing dealership until the board has held a hearing as provided in Section 3066, nor thereafter, if the board has determined that there is good cause for not permitting the establishment of the proposed dealership or relocation of the existing dealership. In the event of multiple protests, hearings may be consolidated to expedite the disposition of the issue.

- (b) Subdivision (a) does not apply to either of the following:
- (1) The relocation of an existing dealership to a location that is both within the same city as, and within one mile from, the existing dealership location.
- (2) The establishment at a location that is both within the same city as, and within one–quarter mile from, the location of a dealership of the same line–make that has been out of operation for less than 90 days.
- (c) Subdivision (a) does not apply to a display of vehicles at a fair, exposition, or similar exhibit if actual sales are not made at the event and the display does not exceed 30 days. ...
- (d) For the purposes of this section, the reopening of a dealership that has not been in operation for one year or more shall be deemed the establishment of an additional motor vehicle dealership. ...
- \*Section 3072, pertaining to recreational vehicles, contains virtually identical provisions, however, there are additional exemptions not listed above. Recreational vehicle manufacturers and distributors are encouraged to review the entire *California Vehicle Code* Section.



# **OL-124, CERTIFICATE OF PROPOSED FRANCHISE**

Applicable to New Motor Vehicles, Motorcycles, All-Terrain Vehicle and Recreational Vehicles as defined by Health and Safety Code Section 18010 (a)

	TYPE TRANSACTION	OL-124 <u>NOT</u> REQUIRED	OL-124 REQUIRED PURSUANT TO CVC 11704	BOARD/MARKET AREA FRANCHISE NOTICE <u>MOT</u> REQUIRED	BOARD/MARKET AREA FRANCHISE NOTICE REQUIRED
1.	. New license (Buy/Sell) of a currently occupied location (Main or branch location application)		×	×	
2.	. New location - Not currently occupied, except as exempt pursuant to CVC 3062(b), 3072(b). See #9, #10, and #11		×		X
Э.	. Change of Business Name		×	×	
4.	. Adding a Make Distinctive Business Name		X - For new Make	×	
4a.	. Adding a Non-Make Distinctive Business	×			
5.	. Change of Corporate Name/LLC or LLP Name		×	×	
9	. Change of Corporate Officers/LLC or LLP Manager	×			
7.	. Change of Address (Postal Service change - no physical movement of location)		X - Formerly known as prior address	×	
œ.	. Change of Address (New location is beyond 1 mile of current licensed location)		×		×
6	. Change of Address (New location is within 1 mile of current licensed location and within the same city)		×	×	
9a.	. Change of Address (New location is within 1 mile of current licensed location and within a different city)		×		×
10.	. Establishing location within the same city, within 1/4 mile of a location that has been out of operation for less than 90 days		×	×	
11.	. Reopening a location that has not been in operation for less than one year		X - Or copy of prior OL-124	×	
11a.	. Reopening a location that has not been in operation for one year or more		×		X
12.	. Temporary Branch locations - Display only with no sales activity that does not exceed 30 days	X - No application required		×	
12a.	. Temporary Branch locations - Display only with no sales activity but display exceeds 30 days	X - No application required			×
13.	. Temporary Branch locations with sales activity on site and other same line-make dealers within RMA		×		X
13a.	. Temporary Branch locations with sales activity on site and no other same line-make dealers within RMA		×	×	
14.	. Addition of a line-make to an existing established location and other same line-make dealers within RMA		×		X
14a.	. Addition of a line-make to an existing established location and there are no other same line-make dealers within RMA		×	×	
15.	. Renewal of License (Application must be submitted no later than 30 days after license expiration date)	×			
16.	. Establishing or Relocating Satellite Warranty facility more than 2 miles from a same line-make dealer	X - No application required		×	
16a.	. Establishing or Relocating Satellite Warranty facility within 2 miles of a same line-make dealer	X - No application required			×
_					

# Additional Information:

- 1) The OL-124 must reflect the business name and address as it appears on the corresponding application for an Occupational License.

- The dealer is responsible for submitting the OL-124 with an appropriate application to an Occupational Licensing Inspection's Office.
   The OL-124 must be signed by an owner of the Manufacturer/Distributor on file with Occupational Licensing or a licensed Representative.
   Relevant Market Area pursuant to California Vehicle Code Section 507, is any area within a radius of 10 miles from the site of a potential new dealership.
  - 5) The powers and duties of the New Motor Vehicle Board are defined in Division 2, Chapter 6, of the California Vehicle Code.

# APPLICANT SHOULD RETAIN THIS PAGE FOR THEIR INFORMATION. DO NOT SUBMIT WITH APPLICATION.



# APPOINTMENT OF DIRECTOR AS AGENT FOR SERVICE OF PROCESS

		DM\	/ US	E OI	NLY	
OLN	UMBE	R				

KNOW ALL MEN BY THESE PRESENTS: That I/We	
	PRINCIPAL'S TRUE FULL NAME(S) AND DBA(S)
As Principal, who has applied for a license as a	heraby appoint(s) the Director of Motor Vehicles
As Principal, who has applied for a license as a	
as principal's true and lawful agent upon whom all process may be served in principal, arising out of any claim for damages suffered by any firm, person, company, by reason of the violation by said principal of any of the terms and process that the process is the process of the principal of the terms and process is the process of the	association, organization, corporation or limited liability partnership, or
Principal further stipulates and agrees that, when personal service of processervice can be made upon the Director of Motor Vehicles. In the event of the I employee of the State of California in charge of the Director's office, and that served upon the principal personally.	Director's absence from his/her office, that service can be made upon any
The principal further stipulates and agrees that the agency created by said appethat may be issued by the Department of Motor Vehicles, and so long thereafthe California Vehicle Code, or any condition of principal's bond. The principal place of business.	er as the principal may be made to answer in damages for a violation of pal further agrees that for purposes of venue, whenever service is made
IN WITNESS WHEREOF, the said principal has hereunto set his hand the	
v	DATE
X.	SIGNATURE OF PRINCIPAL
NOTARY CERTIFICATE OF	ACKNOWLEDGEMENT
A notary public or other officer completing this certificate verifies only the ide is attached, and not the truthfulness, accuracy or validity of that document.	ntity of the individual who signed the document, to which this certificate
State of California )	
County of)	
On before me,	
personally appeared	who proved to me on the books
of satisfactory evidence to be the person(s) whose name(s) is/are subscribexecuted the same in his/her/their authorized capacity(ies) and that by his/her/tof which the person(s) acted, executed the instrument.	ed to the within instrument, and acknowledged to me that he/she/they
I certify under PENALTY OF PERJURY under the laws of the State of Califo	rnia that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.	
SIGNATURE OF NOTARY	(SEAL)
OR DMV/CHP OFFICER ACKNOW	I EDGEMENT OF SIGNATURE
OR DIMV/CHP OFFICER ACKNOW	LEDGEMENT OF SIGNATURE
On this day,, at this city,	
the Principal, who based on satisfactory identification, executed under authority	
I certify under penalty of perjury under the laws of the State of California that	the foregoing paragraph is true and correct.
DEPARTMENT OFFICIAL NAME & TITLE	

\*NOTE:

Officers and employees of the Department of Motor Vehicles (DMV) and the Department of the California Highway Patrol (CHP) are, for the purposes of this code, authorized to administer oaths and acknowledge signatures, for which no fee shall be charged.

The instrument appointing the director as agent for the applicant for service of process shall be acknowledged by the applicant before a notary public. CVC sections 11102(a)(5)(C), CVC 11202(a)(6)(C), 11403(d), 11710(d)