STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

DMV USE ONLY
LICENSE NUMBER

OCCUPATIONAL LICENSING

NOTICE OF REINSTATEMENT

IMPORTANT— Read carefully: This notice is to inform the department of a surety bond reinstatement for the bond types indicated below. ***Notices must be received by the department on or before the reinstatement date to prevent bond cancellation.*** Make sure all requested information is provided. A copy of this notice should be provided to the principal. Illegible, incorrect, or incomplete information is grounds for refusal.

This Notice of Reinstatement hereby gives notice to the named obligee that the bond herein described is considered to be in full force and in effect from the effective date, with no lapse in coverage.

SECTION A: OBLIGEE

Department of Motor Vehicles
Occupational Licensing Operations
P.O. Box 932342 MS L-224
Sacramento, CA 94232-3420

SECTION B: BOND TYPE (Check applicable box.)

- ☐ Dealer
- ☐ Dealer-Wholesale Only
- ☐ Dealer-Motorcycle
- ☐ Dealer-ATV
- ☐ Lessor-Retailer
- ☐ Lessor-Retailer Motorcycle
- ☐ Registration Service
- ☐ Remanufacturer
- ☐ Driving School Owner
- ☐ Traffic Violator School Owner
- ☐ ATV Safety Training Organization
- ☐ Vehicle Verifier

SECTION C: BOND INFORMATION

BOND NUMBER		AMOUNT
ORIGINAL EFFECTIVE DATE	CANCELLATION EFFECTIVE DATE	REINSTATEMENT EFFECTIVE DATE (CANNOT BE BACKDATED)

SECTION D: PRINCIPAL INFORMATION

NAME OF PRINCIPAL

BUSINESS NAME *(DBA)*		LICENSE NUMBER
BUSINESS ADDRESS	CITY	STATE ZIP CODE

SECTION E: SURETY COMPANY INFORMATION

NAME OF SURETY COMPANY		AREA CODE/TELEPHONE NUMBER ( )
BUSINESS ADDRESS	CITY	STATE ZIP CODE

SECTION F: SURETY AGENT INFORMATION

NAME OF AGENT *(PRINT)*		AREA CODE/TELEPHONE NUMBER ( )
BUSINESS ADDRESS	CITY	STATE ZIP CODE

SIGNATURE	DATE
X	

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