

QUARTERLY PHYSICAL INVENTORY

Instructions:

- Due by the 5th of the following months: January, April, July, October.
- Mail original completed form: Department of Motor Vehicles, Occupational Licensing Section, Attn: Control Cashier, P. O. Box 932342, Mail Station L224, Sacramento, CA 94232-3420.
- Retain copy for your records.

VESSEL AGENT NAME	VESSEL AGENT NUMBER
VESSEL AGENT ADDRESS	VESSEL AGENT TELEPHONE
CITY	()
STATE	
ZIP CODE	

RECEIPTS				VESSEL STICKERS			
BOAT 102 (NEW BOATS)	PERMANENT VESSEL NUMBER AND TEMPORARY CERTIFICATE OF NUMBER			BOAT 104	VESSEL STICKER		
	BEGINNING	ENDING	ON-HAND		BEGINNING	ENDING	ON-HAND
Total Issued for Quarter			Total on Hand				
BOAT 103 (USED BOATS)	MISCELLANEOUS RECEIPT AND TEMPORARY CERTIFICATE OF NUMBER			BOAT 105	MUSSEL FEE STICKER		
	BEGINNING	ENDING	ON-HAND		BEGINNING	ENDING	ON-HAND
Total Issued for Quarter			Total on Hand				
				VOID RECEIPTS			
Total Issued for Quarter			Total on Hand				
				FOR HEADQUARTERS USE ONLY			
Total Issued for Quarter			Total on Hand				

OFFICE	QUARTER ENDING DATE
AUTHORIZED SIGNATURE	PRINTED NAME OF AUTHORIZED PERSON
X	DATE