



# 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			CITY		STATE		ZIP CODE	
VESSEL AGENT TELEPHONE (     )								

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

OFFICE		QUARTER ENDING DATE	
AUTHORIZED SIGNATURE <b>X</b>		PRINTED NAME OF AUTHORIZED PERSON	
		DATE	