STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES®
A Public Service Agency

USED DEALER APPLICATION FORMS PACKET

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STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

FIRM NUMBER
NAME

APPLICATION FOR ORIGINAL OCCUPATIONAL LICENSE (PART C)

A. OWNERSHIP INFORMATION:

List true full name, title of individual, and date of birth; each partner (designate whether general or limited); each principal Officer and Director, or Stockholder of the corporation participating in the direction, control and management of the policy of the business; each Member and Manager of the limited liability company participating in the direction, control and management of the policy of the business; and each member of the 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)*	TITLE	DATE OF BIRTH

B. CERTIFICATION:

INSTRUCTIONS: **Complete Section 1, 2, 3, 4, or 5 below depending on whether ownership is an individual, partnership, corporation, limited liability company, or association.**

SECTION 1 – INDIVIDUAL

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

I further certify that I am the sole owner of (print firm name) _____
and that all answers and information contained within Part A and Part B of this application are true and correct.

SIGNATURE	TITLE	DATE
X		

SECTION 2 – PARTNERSHIP

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) _____
and that no other person is associated in the ownership of the business, and that all answers and information contained within Part A and Part B of this application are true and correct.

SIGNATURE	SIGNATURE	SIGNATURE	DATE
X	X	X	

SECTION 3 – CORPORATION

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

I further certify that (print firm name) _____
is incorporated in the State of _____ *and our corporate number is* _____
and is authorized by 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 and correct.

SIGNATURE OF CORPORATE OFFICER AUTHORIZED TO SIGN FOR CORPORATION	TITLE	DATE
X		

SECTION 4 – LIMITED LIABILITY COMPANY

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

I certify that (print firm name) _____
is incorporated in the State of _____ *and our LLC number is* _____,
and is authorized by 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 and correct.

SIGNATURE OF MEMBER OR MANAGER AUTHORIZED TO SIGN FOR LLC	TITLE	DATE
X		

SECTION 5 – ASSOCIATION

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

I further certify that (print firm name) _____
is an association and that all answers and information contained within Part A and Part B of this application are true and correct.

SIGNATURE OF MEMBER AUTHORIZED TO SIGN FOR ASSOCIATION	TITLE	DATE
X		

Print Clear Form

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

FOR DMV USE ONLY	
FIRM 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
(PART A)

SECTION 1 — FIRM INFORMATION (*Check one box.*)

- ☐ Dealer - *Complete information on right side.*
- ☐ Dismantler
- ☐ Lessor-Retailer
- ☐ Transporter
- ☐ Distributor
- ☐ Manufacturer
- ☐ Remanufacturer

FOR DEALERS ONLY – Check one box in each section.

Type of Dealer	Autobroker Endorsement (32)	
☐ Retail New	☐ Yes	☐ No
☐ Retail Used	☐ Yes	☐ No
☐ Wholesale (12)	☐ Yes	☐ No
☐ No Retail or Wholesale	☐ Yes	☐ No

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, MANUFACTURED OR DISTRIBUTED AT THIS LOCATION

NEW	☐ Automobile/Commercial* (11)	☐ Motorcycle* *(including Off-Highway)* (21)	☐ All-Terrain Vehicle* (51)	☐ Motorhome* (91)
	☐ Recreational Trailer* (81)	☐ Trailer† (41)	☐ Snowmobile* (01)	
	**OL 124 required.*	*†Letter of Authorization required.*		
USED	☐ Automobile/Commercial (13)	☐ Motorcycle *(including Off-Highway)* (23)	☐ All-Terrain Vehicle (53)	☐ Motorhome (93)
	☐ Recreational Trailer (83)	☐ Trailer (43)	☐ Snowmobile (03)	

SECTION 4 — PLATE(S) REQUEST

Enter number of plates only. The Licensing Inspector will complete county fees and total.

Auto* $71.00 (Each Plate) + $_____ (County Fees) = $ 71.00 x _____ (No. of Plates) = $ 0.00 (Total)

MOTORCYCLE $73.00 (Each Plate) + $_____ (County Fees) = $ 73.00 x _____ (No. of Plates) = $ 0.00 (Total)

**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 Vehicle Code Section 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 _____.

FIRM 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

If yes, attach the appropriate property use form completed by an official of the agency responsible for this location.

SECTION 9 — PROPERTY DATA

Attach a copy of the lease or rental agreement or evidence of property ownership. If property is subleased, also include a written authorization to sublease from the property owner.

PROPERTY IS: ***(Check one box.)***

☐ Leased ☐ Rented ☐ Owned

LEASE OR RENTAL PERIOD	APPROXIMATE SQUARE FEET			
	Office Area	Building Area	Display Area	Total Area
				0

PROPERTY OWNER'S FULL NAME			TELEPHONE NUMBER ( )	
PROPERTY OWNER'S 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

Go to Page 1 Print Clear Form

STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES

DEALER SURETY BOND

(Vehicle Code Section 11710)

DMV USE ONLY
OCCUPATIONAL LICENSING NUMBER

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

Bond Number _____
SURETY USE ONLY

Premium Amount _____
SURETY USE ONLY

KNOW ALL PERSONS BY THESE PRESENTS:

That we, _____
PRINCIPAL NAME(S) AND DBA

_____

_____,

doing business as a dealer whose address for service is_____
DEALER SERVICE ADDRESS

_____ as PRINCIPAL, and _____,
SURETY NAME

a corporation organized under the laws of _____ and authorized to transact a
STATE OF INCORPORATION

general surety business in the State of California, whose address for service is _____
SURETY 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 these presents. The bond term shall begin on _____.
BOND EFFECTIVE DATE

WHEREAS, section 11710, Vehicle Code, requires that the Principal file or have on file with the Department a bond in the sum of $50,000 and this bond is executed and tendered in accordance therewith.

NOW THEREFORE, the conditions of the foregoing obligation are that if the Principal shall not practice any fraud or make any fraudulent representation which will cause a monetary loss to a purchaser, seller, 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; otherwise it is to remain in full force and effect.

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

(1) This bond shall be deemed 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 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 bond is executed by the Surety to comply with Article 1 (commencing with section 11700), Chapter 4, Division 5, Vehicle Code and chapter 2, title 14, part 2, Code of Civil Procedure and 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 with Article 13 (commencing with section 996.310), chapter 2, title 14, part 2, Code of Civil Procedure.

(5) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond, chapter 2 (commencing with section 995.010), title 14, part 2, Code of Civil Procedure and Article 1 (commencing with section 11700), Chapter 4, Division 5, Vehicle Code.

(6) The Principal and Surety may be served with notices, papers and other documents under chapter 2 (commencing with section 995.010), title 14, part 2, Code of Civil Procedure at the addresses given above.

I certify (or declare) under penalty of perjury, under the laws of the State of California that the foregoing is true and correct. The undersigned executes this bond on behalf of the surety under an unrevoked power of attorney.

Executed at _____

X _____
SIGNATURE OF ATTORNEY-IN-FACT

On (Date) _____

_____
PRINTED OR TYPED NAME OF ATTORNEY-IN-FACT

Print Clear Form

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

DMV USE ONLY
OCCUPATIONAL LICENSING NUMBER

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

(Vehicle Code Sections 11612, 11710 and 11710.1)

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

Bond Number _____
SURETY USE ONLY

Premium Amount _____
SURETY USE ONLY

KNOW ALL PERSONS BY THESE PRESENTS:

That we, _____
PRINCIPAL NAME(S) AND DBA

_____

_____,

doing business as a dealer or lessor-retailer whose address for service is_____
DEALER/LESSOR-RETAILER SERVICE ADDRESS

_____ as PRINCIPAL, and _____,
SURETY NAME

a corporation organized under the laws of _____ and authorized to transact a
STATE OF INCORPORATION

general surety business in the State of California, whose address for service is _____
SURETY SERVICE ADDRESS

_____, as SURETY, are held and firmly bound to the People of the State of California in the penal sum of TEN THOUSAND DOLLARS ($10,000), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents. The bond term shall begin on _____.
BOND EFFECTIVE DATE

WHEREAS, section 11612, or sections 11710 and 11710.1, Vehicle Code require that the Principal file or have on file with the Department a bond in the sum of $10,000 and this bond is executed and tendered in accordance therewith.

NOW THEREFORE, the conditions of the foregoing obligation are that if the Principal shall not practice any fraud or make any fraudulent representation which will cause a monetary loss to a purchaser, seller, 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; otherwise it is to remain in full force and effect.

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

(1) This bond shall be deemed 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 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 bond is executed by the Surety to comply with Chapter 3.5, Division 5, Vehicle Code (commencing with section 11600), and chapter 2, title 14, part 2, Code of Civil Procedure and 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 with Article 13 (commencing with section 996.310), chapter 2, title 14, part 2, Code of Civil Procedure.

(5) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond, chapter 2 (commencing with section 995.010), title 14, part 2, Code of Civil Procedure and Chapter 3.5, Division 5, Vehicle Code (commencing with section 11600).

(6) The Principal and Surety may be served with notices, papers and other documents under chapter 2 (commencing with section 995.010), title 14, part 2, Code of Civil Procedure at the addresses given above.

I certify (or declare) under penalty of perjury, under the laws of the State of California that the foregoing is true and correct. The undersigned executes this bond on behalf of the surety under an unrevoked power of attorney.

Executed at _____

X _____
SIGNATURE OF ATTORNEY-IN-FACT

On (Date) _____

_____
PRINTED OR TYPED NAME OF ATTORNEY-IN-FACT

Print Clear Form

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

KNOW ALL PERSONS BY THESE PRESENTS:

That I/We _____
TRUE FULL NAME OF APPLICANT(S)

_____

_____

doing business as _____
DOING 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 Classroom	CVC §11202
☐ $15,000 Traffic Violator School Owner Internet and Home Study	CVC §11202
☐ $ 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 Vehicle 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 permitted or required to be given is:

_____
ADDRESS OF APPLICANT(S)

_____

_____

as PRINCIPAL; and, _____
FULL NAME OF DEPOSITOR(S)

_____

as DEPOSITOR, whose address for service of notices, papers, and other documents permitted or required to be given is:

_____
ADDRESS OF DEPOSITOR(S)

_____

are held and firmly bound to the People of the State of California in the penal sum of _____ dollars ($_____), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

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Depositor hereby hypothecates and deposits as security for the obligation the following property:

☐ (1) Lawful money of the United States in the amount of $ _____ (DOLLAR AMOUNT) 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)*

☐ (3) 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 _____ (ISSUE DATE), identified by number _____ (ACCOUNT 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 $ _____ (DOLLAR AMOUNT). .

☐ (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 _____ (ISSUE DATE), identified by number _____ (ACCOUNT NUMBER), in the amount of $ _____ (DOLLAR AMOUNT).

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 _____.

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

Executed at _____ X _____
CITY AND STATE SIGNATURE OF DEPOSITOR

On _____ _____
DATE PRINTED OR TYPED TRUE FULL NAME OF DEPOSITOR

ACKNOWLEDGEMENT OF NOTICE

Receipt is hereby acknowledged to the Department of Motor Vehicles of the State of California of written notice of the assignment to the Department of the above identified account. We have noted our records to show the interest of the Department in said account as shown in the above assignment. We have retained a copy of this document. We certify that we have not received any notice of lien, encumbrance, hold, claim, or other obligation against the above account prior to its assignment to the Department. We agree to make payments as required by the Department in accordance with the banking, savings and loan, or credit union laws applicable to the bank, association, or credit union. We further agree that the full sum of $_____ shall be available for payment to the Department and shall not be reduced to pay penalties for early withdrawal or other cause, or to pay service or other fees to this institution.

_____ ( ) _____
NAME OF FINANCIAL INSTITUTION TELEPHONE NUMBER

_____
ADDRESS OF FINANCIAL INSTITUTION CITY STATE ZIP CODE

Executed at _____ X _____
CITY AND STATE SIGNATURE OF FINANCIAL INSTITUTION REPRESENTATIVE

On _____ _____
DATE PRINTED OR TYPED NAME OF OFFICER AND TITLE

SECOND ENDORSEMENT

Receipt is hereby acknowledged of the receipt of the deposit described above and the account described above. The bank, savings and loan association or credit union named in the assignment above is hereby authorized and directed to pay any earnings on the deposit to the Depositor.

Dated this :_____ of _____, _____ at Sacramento, California.
DAY MONTH YEAR

DEPARTMENT OF MOTOR VEHICLES BY

X _____
SIGNATURE OF DEPARTMENT DESIGNEE, OCCUPATIONAL LICENSING BRANCH

_____
PRINTED OR TYPED NAME OF MANAGER, OCCUPATIONAL LICENSING BRANCH

X _____
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 ADDRESSES 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 ADDRESSES 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 — CERTIFICATIONS AND SIGNATURES OF ADDITIONAL DEPOSITORS

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

DATE	SIGNATURE OF ADDITIONAL DEPOSITOR	PRINTED NAME OF ADDITIONAL DEPOSITOR
	X	

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

DATE	SIGNATURE OF ADDITIONAL DEPOSITOR	PRINTED NAME OF ADDITIONAL DEPOSITOR
	X	

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

DATE	SIGNATURE OF ADDITIONAL DEPOSITOR	PRINTED NAME OF ADDITIONAL DEPOSITOR
	X	

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

DATE	SIGNATURE OF ADDITIONAL DEPOSITOR	PRINTED NAME OF ADDITIONAL DEPOSITOR
	X	

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STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

DMV USE ONLY
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.***

SECTION 1 — APPLICANT INFORMATION (*Type or print your true full name.*)

NAME (LAST, FIRST, MIDDLE)				DAYTIME TELEPHONE NUMBER ( )
RESIDENCE ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE	EVENING TELEPHONE NUMBER ( )

DATE OF BIRTH	SEX ☐ Male ☐ Female ☐ Nonbinary	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT

DRIVER LICENSE/IDENTIFICATION CARD NUMBER	STATE	EXPIRATION DATE	SOCIAL SECURITY/INDIVIDUAL TAXPAYER ID NUMBER

SECTION 2 — EMPLOYMENT HISTORY FOR THE PAST THREE YEARS (*Begin with your most recent job. List each separately.*)

FROM MO YR	TO MO YR	EMPLOYERS: NAMES, ADDRESSES, TYPE OF BUSINESS	JOB TITLE/DUTIES PERFORMED

(ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED)

SECTION 3 — EDUCATION (*for Traffic Violator Schools Only*)

	NAME AND ADDRESS OF SCHOOL	NUMBER OF YEARS	GRADUATED? YES OR NO	DATE COMPLETED
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
OTHER				

SECTION 4 — BACKGROUND INFORMATION

1. Have you ever been known by or used any name other than the name appearing on this questionnaire? ..... ☐ Yes ☐ NO

   IF YES, LIST NAME(S)

2. Have you previously been or are you now licensed or have you ever applied in this state as a vehicle salesperson, representative, distributor, dealer, registration service, dismantler, manufacturer, remanufacturer, transporter, vehicle verifier, lessor-retailer, driving school owner, operator, or instructor, traffic violator school owner, operator or instructor or all-terrain vehicle safety training organization or instructor? ..... ☐ Yes ☐ NO

   IF YES, LIST LICENSE NUMBER

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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

IF YES, LIST LICENSE NUMBER, TYPE OF LICENSE, ACTION BY DEPARTMENT, AND DATE OF ACTION.

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

IF YES, DESCRIBE TYPE OF LICENSE, LIST LICENSE NUMBER, STATE LICENSE WAS ISSUED.

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 ☐ NO
If yes, was it a result of a state issued licensed activity? ..... ☐ YES ☐ NO

IF YES, STATE THE AMOUNT AND WHETHER PAID OR UNPAID

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? ..... ☐ YES ☐ NO

IF YES, DESCRIBE TYPE OF LICENSE, LIST LICENSE NUMBER, STATE LICENSE WAS ISSUED, GIVE DATE BANKRUPTCY FILED, NAME AND LOCATION OF COURT OF JURISDICTION

7. Do you currently have any criminal charges pending against you in any jurisdiction? ..... ☐ YES ☐ NO

IF YES, STATE THE COURT, CASE NUMBER AND THE NATURE OF THE CHARGES.

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 ☐ NO
(b) Resigned from or quit a position while you were under investigation or after being informed discipline would be taken against you, or during an appeal from a disciplinary action? ..... ☐ YES ☐ NO
(c) Been rejected or told you would not receive permanent or continued employment during any type of probationary or trial period on the job? ..... ☐ YES ☐ NO
(d) If the termination, demotion or other adverse action from employment involved any civil or administrative case, please state court or agency and case number. ..... ☐ YES ☐ NO

DETAILS: (ATTACH SEPERATE SHEET IF ADDITIONAL SPACE IS NEEDED)

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

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DMV USE ONLY
OCCUPATIONAL LICENSING NUMBER

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.

Applicant Initials Required _____

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 CONVICTION	CONVICTED OF	MISDEMEANOR OR FELONY	COURT OF JURISDICTION (FULL NAME AND ADDRESS)	DISPOSITION OF OFFENSE (DESCRIBE SENTENCE)			
				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.

SECTION 6 — APPLICANT CERTIFICATION

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		

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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.

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

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, LIMITED LIABILITY COMPANY, OR ASSOCIATION

FIRM NAME

I/we hereby authorize release of financial information concerning the dealership account(s) as follows: account number; name(s) of person(s) establishing account; date each account established; name under which account(s) are held; name and address where statements are sent; name(s) of person(s) authorized to withdraw funds from account(s); and, copies of signature card(s).

I hereby release, discharge, exonerate the _____, their
FINANCIAL INSTITUTION
agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, and this release shall be binding on my legal representatives, heirs, and assignees.

This release will expire 120 days after the date signed.

A photocopy of this release is to be considered as valid as an original.

SIGNATURE **X**	SIGNATURE **X**
TITLE	TITLE
DATE	DATE

SIGNATURE **X**	SIGNATURE **X**
TITLE	TITLE
DATE	DATE

APPOINTMENT OF DIRECTOR AS AGENT FOR SERVICE OF PROCESS

DMV USE ONLY
O L NUMBER

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 _____, hereby appoint(s) the Director of Motor Vehicles
TYPE LICENSE

as principal's true and lawful agent upon whom all process may be served in any action, or actions which may hereafter be commenced against said principal, arising out of any claim for damages suffered by any firm, person, association, organization, corporation or limited liability partnership, or company, by reason of the violation by said principal of any of the terms and provisions of the California Vehicle Code or any condition of the bond.

Principal further stipulates and agrees that, when personal service of process upon principal cannot be made in this State after due diligence, that service can be made upon the Director of Motor Vehicles. In the event of the Director's absence from his/her office, that service can be made upon any employee of the State of California in charge of the Director's office, and that such service of process shall be of the same legal force and effect as if served upon the principal personally.

The principal further stipulates and agrees that the agency created by said appointment shall continue for and during the period covered by any license that may be issued by the Department of Motor Vehicles, and so long thereafter as the principal may be made to answer in damages for a violation of the California Vehicle Code, or any condition of principal's bond. The principal further agrees that for purposes of venue, whenever service is made upon the Director, the service shall be deemed to have been made upon principal in the county in which principal has or last had his/her established place of business.

IN WITNESS WHEREOF, the said principal has hereunto set his hand the _____
DATE

X_____
SIGNATURE OF PRINCIPAL

NOTARY CERTIFICATE OF ACKNOWLEDGEMENT

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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

State of California)

County of _____)

On _____ before me, _____,

personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

SIGNATURE OF NOTARY (SEAL)

OR DMV/CHP OFFICER ACKNOWLEDGEMENT OF SIGNATURE

On this day, _____, at this city, _____ I witnessed the signature of the Principal, who based on satisfactory identification, executed under authorized capacity their signature before me.

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. CVC section 18

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)