



DMV USE ONLY	
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DATE ISSUED	
DATE EXPIRES	
RECEIPT NUMBER	

## APPLICATION FOR REPRESENTATIVE LICENSE

**(PLEASE PRINT CLEARLY IN BLACK INK OR TYPE)**

**INSTRUCTIONS — READ CAREFULLY: Before you submit this application be sure that:**

1. It is complete and accurate.
2. The Live Scan Fingerprint Clearance receipt (yellow copy) is completed and attached (required for original applications only).
3. The correct fee is included as listed in Section 1.
4. Mail completed application to: Department of Motor Vehicles, Licensing Operations Section, MS L224, P.O. Box 932342, Sacramento, CA 94232-3420.

**SECTION 1 — APPLYING FOR (Check one box.)**

<b>DISTRIBUTOR REPRESENTATIVE</b>	<input type="checkbox"/> Original \$51.00	<input type="checkbox"/> Renewal \$86.00	<input type="checkbox"/> Reinstatement \$51.00
<b>MANUFACTURER REPRESENTATIVE</b>	<input type="checkbox"/> Original \$51.00	<input type="checkbox"/> Renewal \$86.00	<input type="checkbox"/> Reinstatement \$51.00

**SECTION 2 — APPLICANT INFORMATION (Type or print. Use your true full name)**

NAME (FIRST, MIDDLE, LAST)		TELEPHONE NUMBER ( )	
RESIDENCE ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
OTHER ADDRESS, IF APPLICABLE (P. O. BOX OR PRIVATE MAIL BOX)	CITY	STATE	ZIP CODE
DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	HAIR COLOR	EYE COLOR
		HEIGHT	WEIGHT

See information on last page regarding Personal Responsibility and Work Opportunity Reconciliation Act of 1996

CALIFORNIA DRIVER LICENSE/IDENTIFICATION NUMBER	EXPIRATION DATE	SOCIAL SECURITY NUMBER
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Have you ever been known by or used any name other than the name appearing on this questionnaire?  Yes  No

List the different names below you have been known by or used .....  
IF YES, LIST NAME(S)

**SECTION 3 — EMPLOYED BY (Information provided must be the same as Employer's License.)**

FIRM NAME	FIRM LICENSE NUMBER	TELEPHONE NUMBER ( )
FIRM ADDRESS (NUMBER AND STREET)	CITY	STATE ZIP CODE

**SECTION 4 — EXPERIENCE AND EMPLOYMENT RECORD FOR PAST THREE YEARS (List most recent first.)**

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

(ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED)

**SECTION 5 — ADDITIONAL BACKGROUND INFORMATION**

1. Have you previously been or are you now licensed or have you ever applied in this state as a vehicle salesperson, representative, distributor, dealer, dismantler, manufacturer, remanufacturer, transporter, verifier, lessor-retailer, driving school owner, operator, instructor, traffic violator school owner, operator or instructor, or all-terrain vehicle safety training organization or instructor? .....  Yes  No  
IF YES, LIST LICENSE NUMBER

2. Have you ever had a business, occupational license, or application issued by the State of California, Department of Motor Vehicles (DMV), or by another state, which was refused, revoked, suspended or subject to other disciplinary action? .  Yes  No  
IF YES, LIST TYPE OF LICENSE, LICENSE NUMBER, ACTION BY DEPARTMENT, DATE OF ACTION, AND STATE LICENSE WAS ISSUED



3. 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

4. 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

5. Do you currently have any criminal charges pending against you in any jurisdiction? .....  Yes  No

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

6. **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** below and complete Section 6 .....  Yes  No

**IMPORTANT NOTICE**

**TO EXPEDITE A REVIEW OF YOUR APPLICATION, YOU MAY SUBMIT A COPY OF THE ARRESTING AGENCY REPORT AND A CERTIFIED COPY OF THE COURT DOCUMENTS.**

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 for licensing purposes. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, **you must still disclose the conviction.** Failure to disclose all convictions, including those out-of-state or out-of-country 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. **Applicants need NOT disclose a conviction for violation of Health and Safety Code (CHSC) §§11357(b), (c), (d) and (e); or 11360(b), if the conviction is more than two years old.**

Applicant Initials Required \_\_\_\_\_

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

**SECTION 6 — MISDEMEANOR OR FELONY CONVICTIONS**

CONVICTION DATE	CONVICTED OF	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)

**SECTION 7 — 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.*  
*I further certify (or declare) under penalty of perjury under the laws of the State of California pursuant to CCR Title 13, Article 7, that I am a citizen of the United States, or I am eligible to apply for this benefit under the requirements of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. \_\_\_\_\_ (initial)*

SIGNED **X** \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION 8 — EMPLOYING LICENSEE'S ACKNOWLEDGMENT**

*I hereby certify that I am the authorized representative of the employing licensee named herein. It is my intention to employ the above named applicant when he/she receives a temporary permit or license from the Department of Motor Vehicles.*

DATE \_\_\_\_\_ TITLE (I.E., CORPORATE OFFICER, OWNER) \_\_\_\_\_ OCCUPATIONAL LICENSING NUMBER \_\_\_\_\_

PRINT NAME \_\_\_\_\_ AUTHORIZED SIGNATURE **X** \_\_\_\_\_

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

## ADVISORY STATEMENT

The information required on the attached 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.

## PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT OF 1996

**PERSONAL RESPONSIBILITY and WORK OPPORTUNITY RECONCILIATION ACT** — The department has determined that Occupational Licenses are subject to the eligibility requirements imposed by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. These licenses, permits, clearances, verifications, and certificates will hereafter be referred to as PRWORA benefits(s). Aliens, who are not qualified aliens, nonimmigrant aliens under the Immigration and Nationality Act or aliens paroled into the United States under §212(d)(5) of the INA (8 U.S.C. s 1182(d)(5)), for less than one year, are not eligible to receive an original or renewal PRWORA benefit, as set forth in the CVC. *California Code of Regulations* (CCR) §§450.00 and 450.02

## 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 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 Representative license.

**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 §11903(c).**

***Applicant should retain this page for their information.***