



DMV USE ONLY	
AVT NUMBER	
NAME	
DATE PERMIT ISSUED	DATE PERMIT EXPIRES
TOTAL FEE	RECEIPT NUMBER

AUTONOMOUS VEHICLE TESTER (AVT) PROGRAM APPLICATION FOR MANUFACTURER'S TESTING PERMIT

APPLICATION TYPE:

- Original \$3,600
- Renewal \$3,600
- Modification \$70
- Additional Permits \$50

CHECK THE APPROPRIATE BOX:

- Address Change
 Authorized Representative
 Driver
 Vehicles

INSTRUCTIONS:

- Please complete online or print and complete by hand using black or blue ink.
- **Submit completed and signed form and fees to:** Department of Motor Vehicles, Autonomous Vehicle Program
P.O. Box 932342, MS L224, Sacramento, CA 94232-3420

SECTION 1 — AUTONOMOUS VEHICLE TESTER INFORMATION

NAME OF MANUFACTURER		EPN NUMBER	
BUSINESS NAME		SECRETARY OF STATE ENTITY NUMBER	
BUSINESS NAME LICENSED BY DMV		TELEPHONE NUMBER ()	
STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)	CITY	STATE	ZIP CODE

Company's training, testing, and employment records are kept at: Additional page(s) attached.

FACILITY NAME			
STREET ADDRESS	CITY	STATE	ZIP CODE
FACILITY NAME			
STREET ADDRESS	CITY	STATE	ZIP CODE

SECTION 2 — VEHICLES EQUIPPED FOR TESTING *List all vehicles in fleet.*

Number of vehicles in fleet _____

PLATE NUMBER	STATE ISSUED	VIN NUMBER	YEAR	MAKE	MODEL	<input type="checkbox"/> AUTO <input type="checkbox"/> COMMERCIAL*
						<input type="checkbox"/> AUTO <input type="checkbox"/> COMMERCIAL*
						<input type="checkbox"/> AUTO <input type="checkbox"/> COMMERCIAL*
						<input type="checkbox"/> AUTO <input type="checkbox"/> COMMERCIAL*
						<input type="checkbox"/> AUTO <input type="checkbox"/> COMMERCIAL*
						<input type="checkbox"/> AUTO <input type="checkbox"/> COMMERCIAL*



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SECTION 2 — VEHICLES EQUIPPED FOR TESTING *Continued*

PLATE NUMBER	STATE ISSUED	VIN NUMBER	YEAR	MAKE	MODEL	<input type="checkbox"/> AUTO <input type="checkbox"/> COMMERCIAL*
PLATE NUMBER	STATE ISSUED	VIN NUMBER	YEAR	MAKE	MODEL	<input type="checkbox"/> AUTO <input type="checkbox"/> COMMERCIAL*
PLATE NUMBER	STATE ISSUED	VIN NUMBER	YEAR	MAKE	MODEL	<input type="checkbox"/> AUTO <input type="checkbox"/> COMMERCIAL*
PLATE NUMBER	STATE ISSUED	VIN NUMBER	YEAR	MAKE	MODEL	<input type="checkbox"/> AUTO <input type="checkbox"/> COMMERCIAL*
PLATE NUMBER	STATE ISSUED	VIN NUMBER	YEAR	MAKE	MODEL	<input type="checkbox"/> AUTO <input type="checkbox"/> COMMERCIAL*

* Refer to excluded vehicle list CCR 227.28

SECTION 3 — AUTONOMOUS VEHICLE DRIVER *List all employees, contractors and designees.*

PRINT TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	STATE ISSUED
TRAINING COMPLETION DATE	DATE ENROLLED IN EMPLOYER PULL NOTICE PROGRAM	
PRINT TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	STATE ISSUED
TRAINING COMPLETION DATE	DATE ENROLLED IN EMPLOYER PULL NOTICE PROGRAM	
PRINT TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	STATE ISSUED
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PRINT TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	STATE ISSUED
TRAINING COMPLETION DATE	DATE ENROLLED IN EMPLOYER PULL NOTICE PROGRAM	

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SECTION 6 — 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 that I am the authorized Administrator of the program for the above named employer.

PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED NAME AND TITLE		DRIVER LICENSE NUMBER	
SIGNATURE		DATE SIGNED	
X			
STREET ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS	FAX NUMBER ()	TELEPHONE NUMBER ()	