

DISMANTLER ACQUISITION, REG 42 ORDER FORM

Instructions:

- Print clearly in black ink or type.
- This order form will only be accepted for ordering Dismantler Acquisitions. Separate order forms are available for each type. Any changes made to this order form for a different type will **not** be filled.
- Mail completed order form to: Department of Motor Vehicles, Occupational Licensing Section, P.O. Box 932342, Mail Station L224, Sacramento, CA 94232-3420

Please send _____ Dismantler Acquisitions to:
NUMBER OR SHEETS

| | | | |
|--|------|-------------|----------|
| FIRM NAME | | FIRM NUMBER | |
| FIRM ADDRESS | CITY | STATE | ZIP CODE |
| MAIL TO ADDRESS (IF AUTHORIZED BY DMV) | CITY | STATE | ZIP CODE |

Please enter the first number, the last number, and dates of Dismantler Acquisitions used for a 12-month period prior to the date of this request. The number of acquisitions requested may be reduced based on usage reported for the last 12-month period.

| | | | |
|-------------------------------------|-------------|------------------------------------|-------------|
| FIRST DISMANTLER ACQUISITION NUMBER | DATE ISSUED | LAST DISMANTLER ACQUISITION NUMBER | DATE ISSUED |
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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. Must be signed by a sole owner, partner, corporate officer, or managing member of record.

| | | |
|-----------------------|-------|-------------------------------------|
| PRINTED NAME | TITLE | AREA CODE/TELEPHONE NUMBER () |
| SIGNATURE X | | DATE |

NOTE: Allow 4 – 6 weeks to process your order. Courier Service will deliver all orders. Someone must be present to receive and sign for shipment.

If the above address differs from our records, this order will not be filled. Contact your local Inspector for assistance with your change of address

| FOR DEPARTMENTAL USE ONLY – Complete this section when issuing Dismantler Acquisitions. | | | | |
|--|---------------|----------|--|---------------|
| BEGINNING NUMBER | ENDING NUMBER | REISSUED | ISSUING EMPLOYEE'S PRINTED NAME | ID NUMBER |
| | | | | |
| BEGINNING NUMBER | ENDING NUMBER | REISSUED | ISSUING EMPLOYEE'S SIGNATURE X | OFFICE/REGION |
| | | | | |
| AUTHORIZED AGENT'S NAME (ONLY REQUIRED FOR OFFICE PICK-UPS) | | | AGENT'S SIGNATURE X | DATE |
| | | | | |

