

REGISTRATION TRANSACTION AUTHORIZATION AGREEMENT FORM, REG 600 ORDER FORM

Instructions:

- Print clearly in black ink or type.
- This order form will only be accepted for ordering Registration Transaction Authorization Agreement Forms.
- 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 _____ Registration Transaction Authorization Agreement Form Packages to:

NUMBER OF PACKAGES (FORMS IN PACKAGES OF 250)

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

Please enter the first number, the last number, and dates of Registration Transaction Authorization Agreement Forms 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 REG TRANSACTION AUTHORIZATION AGREEMENT NUMBER	DATE ISSUED	LAST REG TRANSACTION AUTHORIZATION AGREEMENT 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 Registration Transaction Authorization Agreement Forms.

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

