



<b>DMV USE ONLY</b>
LICENSE NUMBER

**OCCUPATIONAL LICENSING  
NOTICE OF CANCELLATION**

**IMPORTANT – Read carefully:** This notice is to inform the department of a surety bond cancellation for the bond types indicated below. Make sure all requested information is provided. A copy of this notice should be provided to the principal. Illegible, incorrect, or incomplete information is grounds for refusal.

**This Notice of Cancellation hereby gives notice to the named obligee that the bond herein described is considered cancelled and no longer in full force or in effect. Such cancellation will become effective 30 days after receipt of this notice by the obligee.**

**SECTION A: OBLIGEE**

Department of Motor Vehicles  
Occupational Licensing Operations  
P.O. Box 932342 MS L-224  
Sacramento, CA 94232-3420

**SECTION B: BOND TYPE (Check applicable box.)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Dealer                | <input type="checkbox"/> Lessor-Retailer            | <input type="checkbox"/> Driving School Owner             |
| <input type="checkbox"/> Dealer-Wholesale Only | <input type="checkbox"/> Lessor-Retailer Motorcycle | <input type="checkbox"/> Traffic Violator School Owner    |
| <input type="checkbox"/> Dealer-Motorcycle     | <input type="checkbox"/> Registration Service       | <input type="checkbox"/> ATV Safety Training Organization |
| <input type="checkbox"/> Dealer-ATV            | <input type="checkbox"/> Remanufacturer             | <input type="checkbox"/> Vehicle Verifier                 |

**SECTION C: BOND INFORMATION**

BOND NUMBER	AMOUNT
ORIGINAL EFFECTIVE DATE	CANCELLATION EFFECTIVE DATE (MUST BE AT LEAST 30 DAYS)

**SECTION D: PRINCIPAL INFORMATION**

NAME OF PRINCIPAL \_\_\_\_\_

BUSINESS NAME (DBA)	LICENSE NUMBER
BUSINESS ADDRESS	CITY STATE ZIP CODE

**SECTION E: SURETY COMPANY INFORMATION**

NAME OF SURETY COMPANY	AREA CODE/TELEPHONE NUMBER (     )
BUSINESS ADDRESS	CITY STATE ZIP CODE

**SECTION F: SURETY AGENT INFORMATION**

NAME OF AGENT (PRINT)	AREA CODE/TELEPHONE NUMBER (     )
BUSINESS ADDRESS	CITY STATE ZIP CODE
SIGNATURE <b>X</b>	DATE

