STATE OF CALIFORNIA	
A Public Service Agency	

STATE OF CALIFORNIA			DMV USE ONLY			
			OL NUMBER	DATE APPLICATION RECEIVED		
	Service Agency		ACR NUMBER	DATE PERMIT ISSUED		
			ORIGINAL APPLICATION FEE	DATE PERMIT EXPIRES		
			NVMB FEE	REGION CC		
ORIGINAL APPLICATION FOR OCCUPATIONAL LICENSE			FINGERPRINT FEE	INSPECTOR NAME/ID NUMBER		
		OTHER FEE	TOTAL FEE			
		SUSPENSE RECEIPT NUMBER	1			
SECTI	ON 1 — BUSINESS INFORM	ATION				
Dealer	(Business Model) (Check one box.)	Autobroker Endorsement C	Other Type of License	(Check one box.)		
Reta	ail New	Yes No	Dismantler	Distributor		
	ail Used	NOTE: Wholesale only dealers	Lessor-Retailer	Manufacturer		
Who	blesale	are not eligible for an Autobroker Endorsement.	Transporter	Remanufacturer		
SECTI	ON 2 — MAIN OFFICE (Com	plete OL 21 for Branch Locations.)				
TRUE FUL	L NAME OF SOLE OWNER, ALL PARTNERS, CC	PRPORATION, LIMITED LIABILITY COMPANY, OR ASSOCIA	ATION			
FIRM NAM	E		TELEPHONE NUMBER			
			( )			
FIRM ADDF	RESS					
CITY			STATE	ZIP CODE		
SECTI	ON 3 — CHECK THE VEHICL	ES TO BE SOLD, MANUFACTURED (	OR DISTRIBUTED AT	THIS LOCATION		
NEW	Automobile/Commercial*	☐ Motorcycle* (including Off-Highway) ☐ Trailer (Letter of Authorization required.)	All-Terrain Vehicle*	Motorhome*		
USED	Automobile/Commercial Recreational Trailer	☐ Motorcycle <i>(including Off-Highway)</i> ☐ Trailer	All-Terrain Vehicle	Motorhome		
SECTI	ON 4 — PLATE(S) REQUEST					
	umber of plates only. Please visi fees and total.	t our website at <b>dmv.ca.gov</b> for current t	fees. The Licensing Insp	pector will complete		
Auto \$ + \$ = \$ x = \$ MOTORCYCLE \$ + \$ = \$ x = \$ x = \$ Total						
Auto also applies to trailers and motorhomes.						
SECTI	ON 5 — FOR DISMANTLER C	ONLY (Must also complete OL 21D.)				
All plate	es acquired from vehicles will be:	De	estroyed 🗌 Turned ir	nto the department. <i>Initials</i>		
	÷	520(4), I agree to deliver to the departm ast issued license plates or a certificate				

(form REG 42 serves as the certificate).

## SECTION 6 — FOR MANUFACTURER OR REMANUFACTURER ONLY

Attach pictures and detailed description adequate to identify vehicle to be manufactured. List the 17-digit VIN number or sample configuration from the Society of Automotive Engineers \_



					OL NUMBER	
					NAME	
_					]	
SE	ECTION 7 — FINANCIAL INSTITU	TION BUSINES	SS ACCOUN	INFORMATIO	N	
NAI	ME OF FINANCIAL INSTITUTION				ACCOUNT NUMBER	
ADI	DRESS OF FINANCIAL INSTITUTION		CITY		STATE	ZIP CODE
NAI	NAME OF PERSON AUTHORIZED TO DRAW FUNDS OR ISSUE CHECKS FROM ACCOUNT				·	
IF A	ACCOUNT IS NOT CARRIED UNDER SAME NAME AS SH	OWN ON THIS APPLICAT	TION, UNDER WHAT N	IAME IS IT CARRIED?	( )	
_	ECTION 8 — PROPERTY USE AP lust be completed by applicant. Exclude		lanufacturers	and Distributors.)	1	
Do	bes location meet all city and county p	property use requ	irements?			. 🗌 Yes 🗌 No
SE	ECTION 9 — PROPERTY DATA					
PF	ROPERTY IS: (Check one box.)			APPROXIMA	E SQUARE FEE	г
	Leased Rented	Owned	Office Area	Building Area	Display Area	Total Area
LEA	ASE OR RENTAL PERIOD					
PR	OPERTY OWNER FULL NAME		<u> </u>		TELEPHONE NUMBER	
PR	OPERTY OWNER ADDRESS		CITY		STATE	ZIP CODE
_						
SE	ECTION 10 — APPLICANT CERTI	FICATION				
						Initials
1.	. I have an established place of business where I agree to keep all books and records relating to the business, available for, and open to inspection by any peace officer during regular business hours.					
2.	. I understand that all Report of Sale or Notice of Acquisition Books and Special Plates issued to me by the Department of Motor Vehicles are property of the State of California and must be surrendered to any authorized, identified					
_	Department employee on demand.					
3.	The main place of business and all branches have offices and display or dismantling areas situated on the same property where business related to the type of license issued is transacted. (Except Wholesale-Only and Autobroker dealers.)					
4.	The place of business is properly identified by a sign posted in a conspicuous place in each and every location. Such signs shall provide information relating to the business name and address so as to enable any person doing business with me to properly identify the business. (Except Wholesale-Only dealers.)					
5.	<ul> <li>I agree to notify the Department in writing immediately of any change in location of this business or any addition or deletion of branch offices and to provide simultaneously a complete description of the new location of this business and the name of the manager there.</li> </ul>					
6.	I agree to notify the Department in writing immediately of any change in the ownership or in the legal structure of this business and on request from the Department will submit new application papers properly reflecting the changes together with the required fees.					
7.	I will maintain on file with the Department an authorization to sell each make of new vehicle that I sell and report on new vehicle reports of sale.					
lc	ertify (or declare) under penalty of pe	rjury under the la	aws of the Stat	e of California th	at the foregoing i	s true and correct.

PRINTED NAME OF SOLE OWNER, ALL PARTNERS, CORPORATE OF	TITLE	
SIGNATURE OF SOLE OWNER, ALL PARTNERS, CORPORATE OFFICE $\mathbf{X}$	DATE	
PRINTED NAME OF INSPECTOR/NUMBER	INSPECTOR SIGNATURE	DATE