

**ORIGINAL APPLICATION FOR
 OCCUPATIONAL LICENSE**

| DMV USE ONLY | |
|--------------------------|---------------------------|
| OL NUMBER | DATE APPLICATION RECEIVED |
| ACR NUMBER | DATE PERMIT ISSUED |
| ORIGINAL APPLICATION FEE | DATE PERMIT EXPIRES |
| NVMB FEE | REGION CC |
| FINGERPRINT FEE | INSPECTOR NAME/ID NUMBER |
| OTHER FEE | TOTAL FEE |
| SUSPENSE RECEIPT NUMBER | |

SECTION 1 — BUSINESS INFORMATION

Dealer (Business Model) (Check one box.)

- Retail New
 Retail Used
 Wholesale

Autobroker Endorsement

- Yes No

NOTE: Wholesale only dealers are not eligible for an Autobroker Endorsement.

OR

Other Type of License (Check one box.)

- Dismantler Distributor
 Lessor-Retailer Manufacturer
 Transporter Remanufacturer

SECTION 2 — MAIN OFFICE (Complete OL 21 for Branch Locations.)

TRUE FULL NAME OF SOLE OWNER, ALL PARTNERS, CORPORATION, LIMITED LIABILITY COMPANY, OR ASSOCIATION

FIRM NAME

TELEPHONE NUMBER

()

FIRM ADDRESS

CITY

STATE

ZIP CODE

SECTION 3 — CHECK THE VEHICLES TO BE SOLD AT THIS LOCATION (DEALERS ONLY)

| | | | | |
|-------------|---|--|---|-------------------------------------|
| NEW | <input type="checkbox"/> Automobile/Commercial* | <input type="checkbox"/> Motorcycle* (including Off-Highway) | <input type="checkbox"/> All-Terrain Vehicle* | <input type="checkbox"/> Motorhome* |
| | <input type="checkbox"/> Recreational Trailer* *OL 124 required. | <input type="checkbox"/> Trailer (Letter of Authorization required.) | <input type="checkbox"/> Snowmobile* | |
| USED | <input type="checkbox"/> Automobile/Commercial | <input type="checkbox"/> Motorcycle (including Off-Highway) | <input type="checkbox"/> All-Terrain Vehicle | <input type="checkbox"/> Motorhome |
| | <input type="checkbox"/> Recreational Trailer | <input type="checkbox"/> Trailer | <input type="checkbox"/> Snowmobile | |

SECTION 4 — PLATE(S) REQUEST

Enter number of plates only. Please visit our website at dmv.ca.gov for current fees. The Licensing Inspector will complete county fees and total.

Auto \$ _____ + \$ _____ = \$ _____ x _____ = \$ _____
Each Plate County Fees No. of Plates Total MOTORCYCLE \$ _____ + \$ _____ = \$ _____ x _____ = \$ _____
Each Plate County Fees No. of Plates Total

Auto also applies to trailers and motorhomes.

SECTION 5 — FOR DISMANTLER ONLY (Must also complete OL 21D.)

All plates acquired from vehicles will be:..... Destroyed Turned into the department.
Initials

Pursuant to *California Vehicle Code* §11520(4), I agree to deliver to the department within 90 calendar days of the date of vehicle acquisition, the last issued license plates or a certificate of license plate destruction (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 |

SECTION 7 — FINANCIAL INSTITUTION BUSINESS ACCOUNT INFORMATION

| | | | |
|--|------|-----------------------------|----------|
| NAME OF FINANCIAL INSTITUTION | | ACCOUNT NUMBER | |
| ADDRESS OF FINANCIAL INSTITUTION | CITY | STATE | ZIP CODE |
| NAME OF PERSON AUTHORIZED TO DRAW FUNDS OR ISSUE CHECKS FROM ACCOUNT | | TELEPHONE NUMBER () | |
| IF ACCOUNT IS NOT CARRIED UNDER SAME NAME AS SHOWN ON THIS APPLICATION, UNDER WHAT NAME IS IT CARRIED? | | | |

SECTION 8 — PROPERTY USE APPROVAL
(Must be completed by applicant. Excludes out-of-state Manufacturers and Distributors.)

Does location meet all city and county property use requirements? Yes No

SECTION 9 — PROPERTY DATA

| | | | | | | | |
|--------------------------------------|---------------------------------|--------------------------------|--|--------------------------------|---------------|-----------------------------|------------|
| PROPERTY IS: (Check one box.) | | | | APPROXIMATE SQUARE FEET | | | |
| <input type="checkbox"/> Leased | <input type="checkbox"/> Rented | <input type="checkbox"/> Owned | | Office Area | Building Area | Display Area | Total Area |
| LEASE OR RENTAL PERIOD | | | | | | | |
| PROPERTY OWNER FULL NAME | | | | | | TELEPHONE NUMBER () | |
| PROPERTY OWNER ADDRESS | | | | CITY | STATE | ZIP CODE | |

SECTION 10 — APPLICANT CERTIFICATION

- | | |
|--|---|
| <ol style="list-style-type: none"> 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. 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. 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.) 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.) 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. 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. 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. | <p><i>Initials</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|---|

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | | |
|---|---------------------------------|-------|
| PRINTED NAME OF SOLE OWNER, ALL PARTNERS, CORPORATE OFFICER, LLC MEMBER, OR ASSOCIATION REPRESENTATIVE | | TITLE |
| SIGNATURE OF SOLE OWNER, ALL PARTNERS, CORPORATE OFFICER, LLC MEMBER, OR ASSOCIATION REPRESENTATIVE X | | DATE |
| PRINTED NAME OF INSPECTOR/NUMBER | INSPECTOR SIGNATURE X | DATE |