

QUARTERLY PHYSICAL INVENTORY

Instructions:

- Due by the 5th of the following months: January, April, July, October.
- Mail original completed form: Department of Motor Vehicles, Occupational Licensing Section, Attn: Control Cashier, P. O. Box 932342, Mail Station L224, Sacramento, CA 94232-3420.
- Retain copy for your records.

VESSEL AGENT NAME				VESSEL AGENT NUMBER	
VESSEL AGENT ADDRESS		CITY	STATE	ZIP CODE	VESSEL AGENT TELEPHONE ()

RECEIPTS			VESSEL STICKERS					
BOAT 102 (NEW BOATS)	PERMANENT VESSEL NUMBER AND TEMPORARY CERTIFICATE OF NUMBER		BOAT 104	VESSEL STICKER				
	BEGINNING	ENDING		ON-HAND	BEGINNING	ENDING	ON-HAND	
Total Issued for Quarter		Total on Hand	Total Issued for Quarter		Total on Hand			
BOAT 103 (USED BOATS)	MISCELLANEOUS RECEIPT AND TEMPORARY CERTIFICATE OF NUMBER		BOAT 105	MUSSEL FEE STICKER				
	BEGINNING	ENDING		ON-HAND	BEGINNING	ENDING	ON-HAND	
Total Issued for Quarter		Total on Hand	Total Issued for Quarter		Total on Hand			
VOID RECEIPTS			FOR HEADQUARTERS USE ONLY					
Total Issued for Quarter		Total on Hand						

OFFICE		QUARTER ENDING DATE	
AUTHORIZED SIGNATURE X		PRINTED NAME OF AUTHORIZED PERSON	DATE