

APPLICATION FOR MODIFICATIONS TO AN OCCUPATIONAL LICENSE

(Submit a separate form for each business location)

Instructions: Complete online or print and complete by hand using black or blue ink

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

SECTION 1 — CURRENTLY LICENSED AS *Check one box.*

- Dealer - Complete information on right side.
- Dismantler
- Lessor-Retailer
- Transporter
- Distributor
- Manufacturer
- Remanufacturer

FOR DEALERS ONLY – Check one box in each section.

| Type of Dealer | Autobroker Endorsement |
|---|--|
| <input type="checkbox"/> Retail New | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Retail Used | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> No Retail or Wholesale | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 2 — REASON FOR SUBMISSION *Check all that apply and complete the sections indicated.*

| | COMPLETE SECTIONS | | | | | | | COMPLETE SECTIONS | | | | | | | | |
|---|-------------------|---|---|---|---|----|----|---|---|---|---|---|--|---|----|----|
| <input type="checkbox"/> Add Branch Location | 3 | 5 | | | 9 | 10 | 11 | <input type="checkbox"/> Change Branch Location | 3 | 4 | 5 | | | 9 | 10 | 11 |
| <input type="checkbox"/> Add Dismantler Location | 3 | | | 8 | | 10 | 11 | <input type="checkbox"/> Change Corporate Name | 3 | 4 | | | | | | 11 |
| <input type="checkbox"/> Add Firm Name | 3 | | | | | | 11 | <input type="checkbox"/> Change Firm Address | 3 | 4 | 5 | | | 9 | 10 | 11 |
| <input type="checkbox"/> Add or Delete Make or Line | 3 | | 7 | | | | 11 | <input type="checkbox"/> Change Firm Name | 3 | 4 | | | | | | 11 |
| <input type="checkbox"/> Add or Delete Category | 3 | | 7 | | | | 11 | <input type="checkbox"/> Dealer Type License Change | 3 | | 5 | 6 | | | | 11 |
| <input type="checkbox"/> Add Autobroker | 3 | | | | | | 11 | <input type="checkbox"/> Delete Autobroker | 3 | | | | | | | 11 |

SECTION 3 — FIRM INFORMATION

| | |
|--|----------------------------|
| TRUE FULL NAME OF SOLE OWNER, ALL PARTNERS, CORPORATION, LIMITED LIABILITY COMPANY, OR ASSOCIATION | FIRM NUMBER |
| FIRM NAME (IF CHANGING OR ADDING NAME, LIST NEW NAME) | TELEPHONE NUMBER () |
| FIRM ADDRESS (IF CHANGING ADDRESS OR ADDING BRANCH, LIST NEW ADDRESS) CITY | STATE ZIP CODE |

SECTION 4 — FORMER NAME OR ADDRESS

FORMER NAME

FORMER ADDRESS

SECTION 5 — CHECK THE VEHICLES TO BE SOLD, MANUFACTURED OR DISTRIBUTED AT THIS LOCATION

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

SECTION 6 — DEALER ONLY *Type of license change.*

| | | |
|----------------------|--|--|
| CHANGING FROM | <input type="checkbox"/> Dealer New <input type="checkbox"/> Dealer Used | <input type="checkbox"/> Dealer-Wholesale Only |
| CHANGING TO | <input type="checkbox"/> Dealer New <input type="checkbox"/> Dealer Used | <input type="checkbox"/> Dealer-Wholesale Only |



| |
|-------------|
| FIRM NUMBER |
| NAME |

| SECTION 7 — ADD OR DELETE MAKE OR LINE | ADD OR DELETE CATEGORY |
|--|------------------------|
|--|------------------------|

| | |
|---|--|
| <i>EXAMPLE: New dealer adding a new make or line.</i> ADDING _____ DELETING _____ | <i>EXAMPLE: Authorized to sell autos/commercials and adding motorcycles.</i> ADDING _____ DELETING _____ |
|---|--|

SECTION 8 — DISMANTLER ONLY

ALL PLATES ACQUIRED FROM VEHICLES WILL BE: **DESTROYED** **TURNED INTO THE DEPARTMENT**

1. Is a storm water permit required for this location? YES NO
2. Has an application been filed to obtain a storm water permit for this location? YES NO
3. Has a hazardous materials business plan been filed for this location? YES NO
4. Is a hazardous materials business plan required for this location? YES NO
5. Does location meet all city and county zoning requirements? YES NO

If yes, attach the Zoning Verification for Vehicle Dismantler's License, form OL 62 completed by an official responsible for this location.

SECTION 9 — 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
If yes, attach the appropriate property use form completed by an official of the agency responsible for this location.

SECTION 10 — PROPERTY DATA

Attach a copy of the lease or rental agreement or evidence of property ownership. If property is subleased, include a written authorization from the property owner.

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

SECTION 11 — APPLICANT CERTIFICATION

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 | DATE |

X