STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
OCCUPATIONAL LICENSING
FIRMS UNIT
P.O. BOX 932342 MS L-224
SACRAMENTO, CA 94232-3420

FIRM NUMBER
NAME

CONTINUING EDUCATION EXEMPTION APPLICATION
(WHOLESALE-ONLY DEALERS)

A Wholesale-Only dealer that sells less than 50 vehicles during the 12-month period prior to the date of this application may apply for the Continuing Education Exemption. This includes auction sales and direct dealer to dealer sales. This certification exempts the licensee from taking the minimal (4) hour continuing education program that is required to renew their license and must be resubmitted for each renewal period.

To apply for the exemption, complete this form and return it with your renewal notice and fees to the address listed above. Renewals may be applied for 90 days prior to the expiration date of this license.

This exemption is valid for the one-year or two-year renewal term. If you need assistance with your renewal term, you may call Occupational Licensing at (916) 229-3126.

Check the appropriate box: ☐ One-Year Renewal Term *(12-month period)* ☐ Two-Year Renewal Term *(24-month period)*

Please enter the first number, the last number, and dates of the Wholesale Report of Sales used for the renewal period prior to the application date of the renewal. If no vehicles were sold, enter "NONE".

1st YEAR	FIRST WHOLESALE REPORT OF SALE NUMBER	DATE	Number of Report of Sales Written _____
	LAST WHOLESALE REPORT OF SALE NUMBER	DATE	Subtract Voided Report of Sales _____
			Number of Vehicles Sold at Auction _____
			TOTAL _____
2nd YEAR	FIRST WHOLESALE REPORT OF SALE NUMBER	DATE	Number of Report of Sales Written _____
	LAST WHOLESALE REPORT OF SALE NUMBER	DATE	Subtract Voided Report of Sales _____
			Number of Vehicles Sold at Auction _____
			TOTAL _____

IMPORTANT: *Wholesale-Only dealers claiming this exemption are subject to reviews by the department. Failure to comply with the above Continuing Education Exemption procedures may result in administrative action against your license.*

FIRM NAME				FIRM LICENSE NUMBER
FIRM ADDRESS	CITY	STATE	ZIP CODE	AREA CODE/TELEPHONE NUMBER ( )

TYPE OWNERSHIP

☐ Sole Owner ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Association

OWNER'S NAME(S): *Print, use reverse if more than three.*	**TITLE**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Must be signed by a sole owner, all partners, a corporate officer, a limited liability company member/manager, or association member of record.

TITLE	AREA CODE/TELEPHONE NUMBER
SIGNATURE **X**	DATE

Print Clear Form