STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

APPLICATION FOR VEHICLE VERIFIER'S PERMIT

DMV USE ONLY
PERMIT NUMBER ASSIGNED
DATE PERMIT ISSUED
DATE PERMIT EXPIRES
RECEIPT NUMBER

IMPORTANT – READ CAREFULLY: Please print clearly in black ink or type.

This form must be completed in its entirety and submitted with the following or it will be returned to you.

Instructions – Original and Reinstatement Applications Only:

1. OL 29I, Application for Occupational Licensing, Personnel History Questionnaire, Part B, Individual Unit **(Original applications only.)**
2. DMV 8016, request for Live Scan Clearance **(Original applications only.)**
3. OL 26, Vehicle Verifier Surety Bond in the amount of $5,000.00 written in your name only. **(Original applications only.)** **Note:** The name on the bond must agree exactly with the name on this application or it will be returned to you. *Example:* The name listed on this application Robert Joseph Smith, the bond must be written as Robert Joseph Smith.
4. A fifty-one dollar ($51.00) application fee.

Instructions – Renewal Applications Only:

1. A sixteen dollar ($16.00) renewal fee.
2. To avoid automatic cancellation of your license and having to reinstate your license, submit your renewal on or before the license expiration date**.**

Retain a copy of this application for your records and **mail completed application to:** Department of Motor Vehicles, Occupational Licensing Section, MS L224, P.O. Box 932342, Sacramento, CA 94232-3420.

SECTION 1 — TYPE OF APPLICATION *(Check one box.)*

☐ Original ☐ Reinstatement ☐ Renewal

SECTION 2 — APPLICANT'S NAME AND ADDRESS *(Must be true full name.)*

NAME *(FIRST, MIDDLE, LAST)* | TELEPHONE NUMBER ( )

MAILING ADDRESS *(NUMBER AND STREET)* | CITY | STATE | ZIP CODE

RESIDENCE ADDRESS *(NUMBER AND STREET)* | CITY | STATE | ZIP CODE

PHYSICAL DESCRIPTION

Sex | Color Hair | Color Eyes | Height Ft. In. | Weight Lbs.

APPLICANT'S CALIFORNIA DRIVER LICENSE NUMBER | EXPIRATION YEAR | BIRTHDATE | SOCIAL SECURITY NUMBER

Your social security number will be collected pursuant to 42 U.S.C. 405 and California Welfare and Institutions Code, Section 11350.6. It is used in the administration of Occupational License laws and to respond to requests for information from an agency operating pursuant to 42 U.S.C. 651, et seq. The social security number is used to maintain a numerical identification system to determine eligibility for issuance and renewal of an Occupational License subject to Divisions of the California Vehicle Code and to aid in the collection of monies owed by an applicant in connection with Child Support and Establishment of Paternity programs.

Collection of your social security number is mandatory. Failure to furnish the information requested will result in denial of an application for issuance or renewal of an Occupational License or permit.

SECTION 3 — EMPLOYED BY *(Information provided must be the same as employer's license.)*

FIRM NAME | TELEPHONE NUMBER ( ) | FIRM LICENSE NUMBER

FIRM ADDRESS *(NUMBER AND STREET)* | CITY | STATE | ZIP CODE

SECTION 4 — 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.

APPLICANT'S SIGNATURE | DATE

DMV USE ONLY
PERMIT NUMBER
NAME

SECTION 5 — APPLICANT ACKNOWLEDGMENT

FAILURE TO MEET AND COMPLY WITH THE FOLLOWING REQUIREMENTS CONSTITUTES CAUSE FOR DENIAL OR REVOCATION OF A VEHICLE VERIFIER'S PERMIT

1. I am familiar with the rules and regulations governing a Vehicle Verifier as stated in Chapter 2 (commencing with Section 11300) OR Division 5 of the California Vehicle Code.
2. I am familiar with the location of vehicle engine, frame and vehicle identification number (VIN), and know which of these numbers is the correct vehicle identification number.
3. I will personally inspect each engine, frame and/or vehicle identification number (VIN) of the vehicle being verified.
4. I will note whether each letter and/or number is either the original factory stamped number or a number stamped as authorized by the Department of Motor Vehicles and whether each letter and number is legible.
5. I will report in detail, any irregularity in an engine, frame or vehicle identification number (VIN) to the Department of Motor Vehicles.
6. I will familiarize myself with vehicle verification forms, insuring that each form I complete is legible and contains my signature and Permit Number.

   I will maintain a record of each verification made, the record shall contain:

   a. The name and address of the person requesting the verification.
   b. The fee charged for such verification.
   c. The year model, vehicle identification number (VIN), license plate number of the vehicle verified.
   d. The state in which the vehicle was last registered.
7. In the event of any change in employer or residence address, I will immediately notify the Department of Motor Vehicles, Occupational Licensing Section, P.O. Box 932342, MS L224, Sacramento, CA 94232-3420 in writing. This notification must show my signature and Permit Number.

I certify (or declare) under penalty of perjury under the laws of the State of California that I have read, understand, and will comply with the requirements for a Vehicle Verifier's Permit.

APPLICANT'S SIGNATURE	DATE

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