

APPLICATION FOR ORIGINAL OCCUPATIONAL LICENSE FOR REGISTRATION SERVICE (PART A)

DMV USE ONLY							
OCCUPATIONAL LICENSING NUMBER							

PLEASE PRINT

SECTION 1 — FIRM AND APPLICANT INFORMATION

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

FIRM NAME

CHECK APPROPRIATE BOX

- ☐ I am the sole owner.
- ☐ We are co-partners and no other person is associated in the ownership of the business.
- ☐ This business is incorporated in the State of _____ and is authorized by the Secretary of State to transact business in California. Our corporate number is _____.
- ☐ This business is a Limited Liability Company in the State of _____ and is authorized by the Secretary of State to transact business in California. Our Limited Liability Company number is _____.
- ☐ This business is an Association.

List name and title of sole owner, each partner (designate whether general or limited), each principal corporate officer or stockholder participating in the direction, control and management of the policy of the business. If additional partners or officers, attach list.

TRUE FULL NAME (LAST, FIRST, MIDDLE)	TITLE	"X" IF PRINCIPAL STOCKHOLDER

SECTION 2 — BUSINESS ADDRESS(ES) AND PROPERTY INFORMATION

The licensee is required to maintain an established place of business where all books and records relating to that business (main or branch office) are available for and open to inspection by any authorized departmental employee during regular business hours.

Print current business address(es) and property information. If additional offices, attach list with appropriate information.

PLEASE NOTE: A separate application is required to license any location operating under a different name or ownership.

Main Office

MAIN OFFICE ADDRESS (NUMBER AND STREET)		CITY	STATE	ZIP CODE
PROPERTY OWNER'S TRUE FULL NAME	OWNER'S TELEPHONE NUMBER ()	OFFICE TELEPHONE NUMBER ()		
PROPERTY OWNER'S ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE	

Branch Offices

BRANCH OFFICE 1 – ADDRESS (NUMBER AND STREET)		CITY	STATE	ZIP CODE
PROPERTY OWNER'S TRUE FULL NAME	OWNER'S TELEPHONE NUMBER ()	BRANCH TELEPHONE NUMBER ()		
PROPERTY OWNER'S ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE	
BRANCH OFFICE 2 – ADDRESS (NUMBER AND STREET)		CITY	STATE	ZIP CODE
PROPERTY OWNER'S TRUE FULL NAME	OWNER'S TELEPHONE NUMBER ()	BRANCH TELEPHONE NUMBER ()		
PROPERTY OWNER'S ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE	
BRANCH OFFICE 3 – ADDRESS (NUMBER AND STREET)		CITY	STATE	ZIP CODE
PROPERTY OWNER'S TRUE FULL NAME	OWNER'S TELEPHONE NUMBER ()	BRANCH TELEPHONE NUMBER ()		
PROPERTY OWNER'S ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE	



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SECTION 3 — BUSINESS HOURS

The main and branch office(s) meet(s) property use requirements. ☐ Yes ☐ No

All books/records relating to the business will be available and open for inspection during:

HOURS: Open _____ Close _____ Days _____

SECTION 4 — EMPLOYEE INFORMATION

List all persons employed by the registration service to perform registration work. If there are additional employees, please attach list.

TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE OR CALIFORNIA ID NUMBER	STATE ISSUED
RESIDENCE ADDRESS (NUMBER AND STREET)	CITY	STATE ZIP CODE

BIRTH DATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
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Authorized to sign for owner or management: ☐ Yes ☐ No

TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE OR CALIFORNIA ID NUMBER	STATE ISSUED
RESIDENCE ADDRESS (NUMBER AND STREET)	CITY	STATE ZIP CODE

BIRTH DATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
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Authorized to sign for owner or management: ☐ Yes ☐ No

TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE OR CALIFORNIA ID NUMBER	STATE ISSUED
RESIDENCE ADDRESS (NUMBER AND STREET)	CITY	STATE ZIP CODE

BIRTH DATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
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Authorized to sign for owner or management: ☐ Yes ☐ No

TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE OR CALIFORNIA ID NUMBER	STATE ISSUED
RESIDENCE ADDRESS (NUMBER AND STREET)	CITY	STATE ZIP CODE

BIRTH DATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
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Authorized to sign for owner or management: ☐ Yes ☐ No

TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE OR CALIFORNIA ID NUMBER	STATE ISSUED
RESIDENCE ADDRESS (NUMBER AND STREET)	CITY	STATE ZIP CODE

BIRTH DATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
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Authorized to sign for owner or management: ☐ Yes ☐ No

SECTION 5 — CERTIFICATION

I agree to notify the department in writing immediately of any change in location, ownership, or legal structure of this business and to submit new application papers properly reflecting the changes together with the required fees.

I accept full responsibility for the actions of those employees listed as well as those employees given authority to sign for the owner or manager.

I understand it is my responsibility to review the statutes and regulations pertaining to the operation of a Registration Service. I have been advised that the Registration Service Program Handbook may be downloaded from DMV's website at: http://www.dmv.ca.gov/vehindustry/ol/ol_handbooks/ol306.pdf

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

SIGNATURE OF LICENSEE (SOLE OWNER, PARTNER, OR OFFICER OF CORPORATION ONLY)	TITLE	DATE
X		