STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

BUSINESS PARTNER AUTOMATION APPLICATION
SECOND-LINE BUSINESS PARTNER

I. APPLICATION FOR SECOND-LINE BUSINESS PARTNER

DOING BUSINESS AS (DBA)

STREET ADDRESS | CITY | STATE | ZIP CODE

IRS FEDERAL TAX ID NUMBER: _____

II. TYPE OF OWNERSHIP

☐ Sole Owner ☐ Partnership ☐ Association ☐ Corporation ☐ Limited Liability Company (LLC)

III. SOLE OWNER OR CORPORATE NAME

OWNER/OR CORPORATION AS FILED WITH THE SECRETARY OF STATE | CORPORATION NUMBER

STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS | CITY | STATE | ZIP CODE

IV. CONTACT PERSON (*Must be authorized designee of the firm.*)

LAST NAME | FIRST | MIDDLE

STREET ADDRESS AND/OR MAILING ADDRESS IF DIFFERENT | CITY | STATE | ZIP CODE

TELEPHONE NUMBER | FAX NUMBER | E-MAIL ADDRESS

V. AGENT FOR SERVICE OF PROCESS (*Required if physical address is located out of state.*)

NAME OF FIRM

DESIGNEE'S NAME (*PLEASE PRINT*) LAST | FIRST | MIDDLE

STREET ADDRESS | CITY | STATE | ZIP CODE

VI. OCCUPATIONAL LICENSEE

REGISTRATION SERVICE NUMBER | DEALER NUMBER

VII. NAMES OF EMPLOYEES WHO WILL PROCESS THE TRANSACTIONS (*Attach paper if additional space is needed.*)

EMPLOYEE NAME	EMPLOYEE NAME
EMPLOYEE NAME	EMPLOYEE NAME
EMPLOYEE NAME	EMPLOYEE NAME
EMPLOYEE NAME	EMPLOYEE NAME

VIII. ALL PHYSICAL LOCATION(S) WHERE DMV INVENTORY (LICENSE PLATES, STICKERS, PAPER) WILL BE MAINTAINED

STREET ADDRESS | CITY | STATE | ZIP CODE

IX. 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 AUTHORIZED AGENT | TITLE

FIRM NAME | TELEPHONE NUMBER

SIGNATURE OF AUTHORIZED AGENT
X | DATE

Print Clear Form

BUSINESS PARTNER AUTOMATION DECLARATION

_____ declares that the following officers, partners, stockholders, and/or directors
(BUSINESS NAME)
are the only officers, partners, stockholders, and/or directors who participate in the direction, control and management of the affairs of the Business Partner in the State of California:

NAME	TITLE				EFFECTIVE DATE
	PARTNER	OFFICER	DIRECTOR	PRINCIPAL STOCKHOLDER	

_____ declares that the following Limited Liability Company member(s) are the only
(BUSINESS NAME)
Limited Liability Company member(s) who participate in the direction, control and management of the affairs of the Business Partner in the State of California:

NAME	EFFECTIVE DATE

I certify that I am the official custodian of the records of this corporation and have the authority to affix the corporate seal.

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

SIGNATURE	DATE	TELEPHONE NUMBER
X		

Return the completed application and fee to:

Department of Motor Vehicles
Business Partner Automation Program
PO Box 825393, MS C383
Sacramento, CA 94232-3280

Print Clear Form