



BUSINESS PARTNER AUTOMATION PROGRAM SERVICE PROVIDER CHANGE FORM

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|----------------------------|
| SECOND-LINE BUSINESS PARTNER COMPANY NAME | | | |
| STREET ADDRESS | | CITY | STATE ZIP CODE |
| OCCUPATIONAL LICENSE NUMBER | | | TELEPHONE NUMBER () |
| OFFICE/SITE IDENTIFICATION NUMBER(S) | | | |
| CURRENT SERVICE PROVIDER | | NEW SERVICE PROVIDER | |
| EFFECTIVE DATE OF CHANGE (<i>MUST BE AT LEAST 30 DAYS FROM DATE SUBMITTED</i>) | | CURRENT PERMIT EXPIRATION DATE | |
| REASON FOR CHANGING SERVICE PROVIDERS (<i>FOR DMV PURPOSES ONLY</i>) | | | |
| HAVE YOUR FLOOR PLANS CHANGED (<i>IF YES, NEW FLOOR PLANS AND NARRATIVE MUST BE SUBMITTED. IF NO, PLEASE SIGN THE CERTIFICATION BELOW.</i>) | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <i>I certify (or declare) under penalty of perjury under the laws of the State of California that there have been no physical changes to the floor plan of this address:</i> | | | |
| <i>I fully understand this is a change of my Service Provider only. This does not change the processing capabilities I currently have.</i> | | | |
| COMPANY NAME | | TITLE OF AUTHORIZED AGENT | |
| PRINTED NAME OF AUTHORIZED AGENT | | EMAIL ADDRESS | |
| SIGNATURE OF SECOND-LINE BUSINESS PARTNER AUTHORIZED AGENT X | | | DATE |

Return completed application to:

Business Partner Automation Program
Administrative Manager
2415 1st Avenue MS C-383
Sacramento CA 95818