



BUSINESS PARTNER AUTOMATION RENEWAL APPLICATION

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|-----------|
| SITE ID |
| OL NUMBER |

I. APPLICATION FOR BUSINESS PARTNER AUTOMATION RENEWAL ☐ First-Line ☐ Second-Line ☐ Service Provider

DOING BUSINESS AS (DBA)

| | | | |
|----------------|------|-------|----------|
| STREET ADDRESS | CITY | STATE | ZIP CODE |
|----------------|------|-------|----------|

IRS FEDERAL TAX ID NUMBER: _____

II. SECURITY INFORMATION

I certify the security documents and/or floor plan originally submitted have not changed.

☐ Yes ☐ No (If no, the changed security documents and/or floor plan are required.)

III. TYPE OF OWNERSHIP

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

IV. 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 |

V. 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 | | |

VI. 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 | |

VII. ESTIMATED VOLUME OF VEHICLE REGISTRATION TRANSACTIONS YOU WILL PROCESS ANNUALLY

Only required for first line business partners and service providers: _____

VIII. 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 |
| EMPLOYEE NAME | EMPLOYEE NAME |

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

| | | | |
|----------------|------|-------|----------|
| STREET ADDRESS | CITY | STATE | ZIP CODE |
|----------------|------|-------|----------|

X. CERTIFICATION (Blue ink)

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 | |

Return the completed application and fee to:

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