STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

DMV USE ONLY
OCCUPATIONAL LICENSING NUMBER

DISMANTLER ACQUISITION, REG 42 ORDER FORM

Instructions:

- Print clearly in black ink or type.
- This order form will only be accepted for ordering Dismantler Acquisitions. Separate order forms are available for each type. Any changes made to this order form for a different type will **not** be filled.
- Mail completed order form to: Department of Motor Vehicles, Occupational Licensing Section, P.O. Box 932342, Mail Station L224, Sacramento, CA 94232-3420

Please send _____ ***Dismantler Acquisitions to:***
NUMBER OF SHEETS

FIRM NAME			FIRM NUMBER	
FIRM ADDRESS	CITY		STATE	ZIP CODE
MAIL TO ADDRESS (*IF AUTHORIZED BY DMV*)	CITY		STATE	ZIP CODE

Please enter the first number, the last number, and dates of Dismantler Acquisitions used for a 12-month period prior to the date of this request. The number of acquisitions requested may be reduced based on usage reported for the last 12-month period.

FIRST DISMANTLER ACQUISITION NUMBER	DATE ISSUED	LAST DISMANTLER ACQUISITION NUMBER	DATE ISSUED
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I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Must be signed by a sole owner, partner, corporate officer, or managing member of record.

PRINTED NAME	TITLE	AREA CODE/TELEPHONE NUMBER
		( )
SIGNATURE **X**		DATE

NOTE: Allow 4 – 6 weeks to process your order. Courier Service will deliver all orders. Someone must be present to receive and sign for shipment.

If the above address differs from our records, this order will not be filled. Contact your local Inspector for assistance with your change of address

FOR DEPARTMENTAL USE ONLY – Complete this section when issuing Dismantler Acquisitions.

BEGINNING NUMBER	ENDING NUMBER	REISSUED	ISSUING EMPLOYEE'S PRINTED NAME	ID NUMBER
BEGINNING NUMBER	ENDING NUMBER	REISSUED	ISSUING EMPLOYEE'S SIGNATURE **X**	OFFICE/REGION
AUTHORIZED AGENT'S NAME (*ONLY REQUIRED FOR OFFICE PICK-UPS*)			AGENT'S SIGNATURE **X**	DATE

Print Clear Form