

OCCUPATIONAL LICENSING NOTICE OF CANCELLATION

IMPORTANT— Read carefully: This notice is to inform the department of a surety bond cancellation for the bond types indicated below. Make sure all requested information is provided. A copy of this notice should be provided to the principal. Illegible, incorrect, or incomplete information is grounds for refusal.

This Notice of Cancellation hereby gives notice to the named obligee that the bond herein described is considered cancelled and no longer in full force or in effect. Such cancellation will become effective 30 days after receipt of this notice by the obligee.

SECTION A: OBLIGEE

Department of Motor Vehicles
 Occupational Licensing Operations
 P.O. Box 932342 MS L-224
 Sacramento, CA 94232-3420

SECTION B: BOND TYPE (Check applicable box.)

- | | | |
|--|---|---|
| ☐ Dealer | ☐ Lessor-Retailer | ☐ Driving School Owner |
| ☐ Dealer-Wholesale Only | ☐ Lessor-Retailer Motorcycle | ☐ Traffic Violator School Owner |
| ☐ Dealer-Motorcycle | ☐ Registration Service | ☐ ATV Safety Training Organization |
| ☐ Dealer-ATV | ☐ Remanufacturer | ☐ Vehicle Verifier |

SECTION C: BOND INFORMATION

BOND NUMBER	AMOUNT
ORIGINAL EFFECTIVE DATE	CANCELLATION EFFECTIVE DATE (MUST BE AT LEAST 30 DAYS)

SECTION D: PRINCIPAL INFORMATION

NAME OF PRINCIPAL			
BUSINESS NAME (DBA)		LICENSE NUMBER	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE

SECTION E: SURETY COMPANY INFORMATION

NAME OF SURETY COMPANY		AREA CODE/TELEPHONE NUMBER ()	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE

SECTION F: SURETY AGENT INFORMATION

NAME OF AGENT (PRINT)		AREA CODE/TELEPHONE NUMBER ()	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE X		DATE	

