

QUARTERLY PHYSICAL INVENTORY

Instructions:

- Due by the 5th of the following months: January, April, July, October.
- Mail original completed form: Department of Motor Vehicles, Occupational Licensing Section, Attn: Control Cashier, P. O. Box 932342, Mail Station L224, Sacramento, CA 94232-3420.
- Retain copy for your records.

VESSEL AGENT NAME					VESSEL AGENT NUMBER			
VESSEL AGENT ADDRESS			CITY		STATE		ZIP CODE	
VESSEL AGENT TELEPHONE ()								

RECEIPTS				VESSEL STICKERS					
BOAT 102 (NEW BOATS)	PERMANENT VESSEL NUMBER AND TEMPORARY CERTIFICATE OF NUMBER			ON-HAND	BOAT 104	VESSEL STICKER			
	BEGINNING	ENDING				BEGINNING	ENDING	ON-HAND	
	Total Issued for Quarter			Total on Hand		Total Issued for Quarter			Total on Hand
BOAT 103 (USED BOATS)	MISCELLANEOUS RECEIPT AND TEMPORARY CERTIFICATE OF NUMBER			ON-HAND	BOAT 105	MUSSEL FEE STICKER			
	BEGINNING	ENDING				BEGINNING	ENDING	ON-HAND	
	Total Issued for Quarter			Total on Hand		Total Issued for Quarter			Total on Hand
				VOID RECEIPTS					
				FOR HEADQUARTERS USE ONLY					

OFFICE			QUARTER ENDING DATE		
AUTHORIZED SIGNATURE X		PRINTED NAME OF AUTHORIZED PERSON		DATE	