



**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