



STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
OCCUPATIONAL LICENSING
ATTN: FIRMS UNIT
P.O. BOX 932342 MAIL STATION L-224
SACRAMENTO, CA 94232-3420

FIRM NUMBER
NAME

**\$50,000 BOND EXEMPTION APPLICATION
(WHOLESALE-ONLY DEALERS)**

A Wholesale-Only dealer that sells less than 25 vehicles per year may apply for this exemption. This includes auction sales and direct dealer to dealer sales. This certification exempts the licensee from submitting a \$50,000 bond that is required to renew their license and must be resubmitted for each renewal period.

To apply for the exemption, complete this form and return it with your renewal notice and fees to the address listed above. Renewals may be applied for 90 days prior to the expiration date of this license.

This exemption is valid for the one-year or two-year renewal term. If you need assistance with your renewal term, you may call Occupational Licensing at (916) 229-3126.

Check the appropriate box.

☐ One-Year Renewal Term
(12-month period)

☐ Two-Year Renewal Term
(24-month period)

Please enter the first number, the last number, and dates of the Wholesale Report of Sales used for the renewal period prior to the application date of the renewal. If no vehicles were sold, enter "NONE".

1 st YEAR	FIRST WHOLESALE REPORT OF SALE NUMBER	DATE	Number of Report of Sales Written	_____
	LAST WHOLESALE REPORT OF SALE NUMBER	DATE	Subtract Voided Report of Sales	_____
			Number of Vehicles Sold at Auction	_____
			TOTAL	_____
2 nd YEAR	FIRST WHOLESALE REPORT OF SALE NUMBER	DATE	Number of Report of Sales Written	_____
	LAST WHOLESALE REPORT OF SALE NUMBER	DATE	Subtract Voided Report of Sales	_____
			Number of Vehicles Sold at Auction	_____
			TOTAL	_____

IMPORTANT: Wholesale-Only dealers claiming this exemption are subject to reviews by the department. Failure to file a \$50,000 bond prior to the sale of the 25th vehicle in a one-year period will result in the automatic cancellation of the license per Section 11721(b) of the Vehicle Code.

FIRM NAME	FIRM LICENSE NUMBER
FIRM ADDRESS	CITY
STATE	ZIP CODE
CURRENT TELEPHONE NUMBER	()

TYPE OWNERSHIP

☐ Sole Owner ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Association

OWNER'S NAME(S): <i>Print, use reverse if more than three.</i>	TITLE

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, all partners, a corporate officer, a limited liability company member/manager, or association member of record.

SIGNATURE	TITLE	DATE
X		
SIGNATURE	TITLE	DATE
X		

