



BUSINESS PARTNER AUTOMATION RENEWAL APPLICATION

SITE ID
OL NUMBER

I. APPLICATION FOR BUSINESS PARTNER AUTOMATION RENEWAL First-Line Second-Line Service Provider
 DOING BUSINESS AS (DBA)

STREET ADDRESS	CITY	STATE	ZIP CODE
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IRS FEDERAL TAX ID NUMBER: _____

II. SECURITY INFORMATION

I certify the security documents and/or floor plan originally submitted have not changed.

Yes No (If no, the changed security documents and/or floor plan are required.)

III. TYPE OF OWNERSHIP

Sole Owner Partnership Association Corporation Limited Liability Company (LLC)

IV. SOLE OWNER OR CORPORATE NAME

OWNER/OR CORPORATION AS FILED WITH THE SECRETARY OF STATE	CORPORATION NUMBER
STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS	CITY STATE ZIP CODE

V. CONTACT PERSON (Must be authorized designee of the firm.)

LAST NAME	FIRST	MIDDLE
STREET ADDRESS AND/OR MAILING ADDRESS IF DIFFERENT	CITY	STATE ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS

VI. AGENT FOR SERVICE OF PROCESS (Required if physical address is located out of state.)

NAME OF FIRM
DESIGNEE'S NAME (PLEASE PRINT) LAST FIRST MIDDLE
STREET ADDRESS CITY STATE ZIP CODE

VII. ESTIMATED VOLUME OF VEHICLE REGISTRATION TRANSACTIONS YOU WILL PROCESS ANNUALLY

Only required for first line business partners and service providers: _____

VIII. NAMES OF EMPLOYEES WHO WILL PROCESS THE TRANSACTIONS (Attach paper if additional space is needed.)

EMPLOYEE NAME	EMPLOYEE NAME
EMPLOYEE NAME	EMPLOYEE NAME
EMPLOYEE NAME	EMPLOYEE NAME
EMPLOYEE NAME	EMPLOYEE NAME
EMPLOYEE NAME	EMPLOYEE NAME

IX. ALL PHYSICAL LOCATION(S) WHERE DMV INVENTORY (LICENSE PLATES, STICKERS, PAPER) WILL BE MAINTAINED

STREET ADDRESS	CITY	STATE	ZIP CODE
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X. CERTIFICATION (Blue ink)

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED NAME OF AUTHORIZED AGENT	TITLE
FIRM NAME	TELEPHONE NUMBER
SIGNATURE OF AUTHORIZED AGENT	DATE

X

Return the completed application and fee to:

Department of Motor Vehicles
 Business Partner Automation Program
 PO Box 825393, MS C383
 Sacramento, CA 94232-3280