



**Bureau of Automotive Repair Licensing Unit**

P.O. Box 989001, West Sacramento, CA 95798-9001

P (855) 735-0462 F (855) 641-9982 | www.smogcheck.ca.gov



**APPLICATION FOR AUTOMOTIVE REPAIR DEALER REGISTRATION**

Application for: Sole Proprietorship  
Partnership (Not LP)  
Corporation (Not LLC)

**Fee \$200.00**

<i>For Department Use Only</i>	
Registration Number _____	
Issue Date _____	
Business Type _____	
Receipt Number _____	
ATS Number _____	

**INSTRUCTIONS:**

1. Read attached instructions and all information contained in this application.
2. Remit fees by check or money order made payable to the Licensing Unit.
3. Submit completed application with all requirements and fees to the Licensing Unit at the above address.
4. All information is mandatory and is required under Business and Professions Code Section 9884 and California Code of Regulations 3351. Please write "N/A" or "Exempt" if an item does not apply to your business structure.

**PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 158, FEES ARE NON-REFUNDABLE.**

*Please type or print legibly in ink – BLANK SPACES WILL DELAY THE PROCESSING OF YOUR APPLICATION.*

1. Name of Business (DBA): (AS SHOWN ON INVOICES AND ADVERTISEMENTS)			
2. Name of Corporation: (AS FILED WITH THE OFFICE OF THE CALIFORNIA SECRETARY OF STATE. MUST ALSO BE ON INVOICE.)			3. Corporation Number:
4. Business Address:	Number and Street	Suite or Unit #	City State Zip Code
<small>NOTE: If this is a multiple facility address you <u>must</u> include the unit/suite number.</small>			
5. Mailing Address:	Number and Street or Post Office Box	City	State Zip Code
6. Business Area Code and Telephone Number: ( )			
7. List all Owners, Partners, Corporate Officers, Directors, Members, Trustees, Responsible Managing Employee (RME) and other persons who directly or indirectly control or conduct the business. (Attach additional pages if necessary). Enter full legal names, NO INITIALS. If a legal name contains initials only, so state. If a PARTNERSHIP, list all Partners. If a CORPORATION, list all Officers and Directors. The list must include the Chief Executive Officer (i.e. President), Secretary and Chief Financial Officer (i.e. Treasurer). If the same person holds all corporate offices, you <u>must</u> so state on the application. If a TRUST, disclosure is required and you must list all Trustees. Under Business and Professions Code Section 9884, an automotive repair dealer shall identify the owners, directors, officers, partners, and managers. (See Instructions Sheet – Page 4, Number 7 regarding FEIN/SSN requirements)			
Full Name:		Last	First Middle Title:
Social Security Number:	Federal Employer I.D. Number:	Driver License Number:	Area Code and Telephone Number:
Home Address:	Number and Street	City	State Zip Code
Full Name:		Last	First Middle Title:
Social Security Number:	Federal Employer I.D. Number:	Driver License Number:	Area Code and Telephone Number:
Home Address:	Number and Street	City	State Zip Code
Full Name:		Last	First Middle Title:
Social Security Number:	Federal Employer I.D. Number:	Driver License Number:	Area Code and Telephone Number:
Home Address:	Number and Street	City	State Zip Code

8. Applicant's Background: Pertains to each person listed in number 7. <i>Attach additional pages if necessary.</i>	
<p>a) <b>CRIMINAL CIVIL VIOLATIONS:</b></p> <p>Pursuant to Business and Professions Code Sections 480 and 490, has any person listed in number 7 ever been an Owner, Partner, Corporate Officer, Member, Director, Trustee or Responsible Managing Employee of a Sole Proprietorship, Partnership, Corporation, Limited Liability Company or Limited Partnership which has been convicted of any offense or entered a plea of nolo contendere in this or any other state in the United States?</p> <p>Has any person listed in number 7 ever have/had a smog check technician or lamp/brake adjuster license issued by the Bureau of Automotive Repair (BAR) been convicted of any offense or entered a plea of nolo contendere in this or any state in the United States ?</p> <p>If YES, you <b>must</b> provide a <b>DETAILED</b> statement, including the crime for which there was a conviction, the approximate date, location, and sentence served, if any. (For the purpose of this question, "Offense" does not apply to minor traffic violations.)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>b) <b>ADMINISTRATIVE DISCIPLINE:</b></p> <p>Has any person listed in number 7 ever been an Owner, Partner, Corporate Officer, Member, Director, Trustee or Responsible Managing Employee of a Sole Proprietorship, Partnership, Corporation, Limited Liability Company or Limited Partnership that had an automotive repair dealer registration, smog check station license, lamp and/or brake station license, STAR certification issued by the Bureau of Automotive Repair (BAR) denied, suspended, revoked, placed on probation or been issued a citation?</p> <p>Has any person listed in number 7 ever have/had a smog check technician or lamp/brake adjuster license issued by the Bureau of Automotive Repair denied, suspended, revoked, placed on probation or been issued a citation?</p> <p>If YES to any, you <b>must</b> provide a <b>DETAILED</b> statement including the registration or license number disciplined, in addition to a description of the discipline imposed on that registration or license.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>c) Has any person listed in number 7 ever have/had any <b>CURRENT</b> automotive repair dealer registration, smog check station license, lamp and/or brake station license, or STAR certification? If YES, list Business name and registration/license number.</p> <p>Has any person listed in number 7 ever have/had any <b>CURRENT</b> smog check technician, lamp and/or brake adjuster license? If YES, list the smog check technician, lamp and/or brake adjuster license number. [Attach additional pages if necessary]</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>d) Has any person listed in number 7 ever have/had any <b>PRIOR</b> automotive repair dealer registration, smog check station license, lamp and/or brake station license, or STAR certification? If YES, list Business name and registration/license number.</p> <p>Has any person listed in number 7 ever have/had any <b>PRIOR</b> smog check technician, lamp and/or brake adjuster license? If YES, list smog check technician, lamp and/or brake adjuster license number. [Attach additional pages if necessary]</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>e) Is this a change of ownership? If YES, you must provide copies of proof of sale.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>9. Seller Permit Number, City/County Business License, Hazardous Waste Number and Federal Employer Identification Number: Write the assigned number in the space provided.</p> <p>a) Seller Permit Number: (As assigned by the California Board of Equalization.) _____</p> <p>b) Business License Number: (As assigned by the local city or county official of that jurisdiction.) _____ (If the office of jurisdiction does not require a business permit/license, attach a detailed statement dated and signed by a person listed in number 7 of the application.)</p> <p>c) Hazardous Waste Identification Number: (Assigned by the United States or California Environmental Protection Agency.) _____</p> <p>d) Federal Employer Identification Number: _____</p>	
<p><b>If you are exempt from any of the above listed requirements, please write "N/A" or "Exempt" on the appropriate line above.</b></p>	
<p>10. Type of Ownership: <i>Please check <u>one</u> box only</i>    <input type="checkbox"/> Sole Proprietorship    <input type="checkbox"/> Partnership    <input type="checkbox"/> Corporation</p>	

11. Type of Business:

Use the list below to identify the type of business you will perform at your Automotive Repair Dealership.

- a) Number \_\_\_\_\_ best describes your business.
- b) Number \_\_\_\_\_ describes your secondary business, if any.

- |                                 |                                    |                                  |
|---------------------------------|------------------------------------|----------------------------------|
| 10. General Repair              | 18. Engine Rebuilding/Repair       | 26. Radiator Repair Shop         |
| 11. Service Station             | 19. Mobile Automotive Repair       | 27. Machine Shop                 |
| 12. Smog Check Station          | 20. Automotive Diagnostic Center   | 28. Tire Shop                    |
| 13. Auto Body and/or Paint Shop | 21. Auto Wrecker/Dismantler        | 29. Auto Training School/College |
| 14. New/Used Car Dealer         | 22. Glass Shop                     | 30. Auto Air Conditioning Shop   |
| 15. Used Cars Only Dealer       | 23. Transmission Repair Shop       | 31. Trailer Hitch Installation   |
| 16. Chain Store                 | 24. Brake/Front End Alignment Shop | 32. Tune Up/Oil Lube Shop        |
| 17. Motorcycle Repair Shop      | 25. Muffler/Exhaust Repair Shop    | 40. Other _____                  |

c) If you are an Auto Body and/or Paint Shop, do you have the required permits, licenses and equipment to operate an Auto Body and/or Paint Shop? (See Section 3351.5(a) and (b) of the California Code of Regulations for requirements.)  YES  NO

d) Pursuant to Business and Professions Code Section 9889.52 an application for registration as an Auto Body and/or Paint Shop may be required by law to have the license/permit listed below. If required, write the license/permit number where requested, and attach a copy of the supporting forms.  
Spray Booth Permit Number: (Assigned by the local Air Quality Management or Air Pollution Control District) \_\_\_\_\_

**If you are exempt from any of the above listed requirements, please write "N/A" or "Exempt" on the line above.**

12. Certification: *Attach additional pages if necessary.*

- If type of ownership is SOLE PROPRIETORSHIP, the owner must sign.
- If type of ownership is PARTNERSHIP, **ALL** partners must sign.
- If type of ownership is CORPORATION, at least one corporate officer listed in number 7 must sign.

PLEASE NOTE: Pursuant to Business and Professions Code Section 9884.6(a), you may not perform any activities at this location for which you are required to possess a valid Automotive Repair Dealer registration, until an ARD registration is issued. In addition, Section 9884.4 states that an ARD registration shall cease to be valid when the Director finds that any of the information provided by this form ceases to be current. Furthermore, California Code of Regulations Section 3351 requires that the application shall be accompanied by the registration fee and any evidence, statements, or documents required on the application.

I certify under penalty of perjury under the laws of the State of California that all the statements made in this application and all the attached supporting documents pertaining to this application are true and correct.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT**

All information is mandatory under Business and Professions Code Section 9884 and California Code of Regulations Section 3351. Failure to provide any of the required information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for registration as an automotive repair dealer.

Per California Civil Code, Section 1798.17 (Information Practice Act), the Director of the Department of Consumer Affairs is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with this agency. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.

Any change of business name or address must be reported in writing to the Department of Consumer Affairs within 14 days. Pursuant to Business and Profession Code Sections 9884.4, a registration shall cease to be valid when the Director finds that **any** of the information provided by this form ceases to be current. In addition, Section 9884.6(a) states that it is unlawful for any person to be an automotive repair dealer unless that person has a valid registration. Furthermore, Section 9884.16 provides that no person required to have a valid registration under the provisions of this chapter shall have the benefit of any lien for labor or materials or the right to sue on a contract for motor vehicle repairs done by him unless he has a valid registration.

## INSTRUCTIONS FOR COMPLETING APPLICATION FOR REGISTRATION

Please follow the instructions below to assist you in answering questions 1 – 12 on the ARD application.

1. **NAME OF BUSINESS.** Write the exact name under which the business will be conducted. This same name should be shown on invoices and advertisements.
2. **NAME OF CORPORATION.** Write the name of the corporation as filed with the California Secretary of State. (This item does not apply to businesses owned by individuals or partnerships.)
3. **CORPORATION NUMBER.** Write the corporation number assigned by the California Secretary of State. The corporate number must be in an active status. (This item does not apply to businesses owned by individuals or partnerships.)
4. **BUSINESS ADDRESS.** You must list the street address where the business is conducted. No post office boxes are permitted. This same address should be shown on invoices and advertisements. All licenses are mailed to the business address of record. If your business is located at an address that has multiple shops, you must provide the unit/suite number since each business must have a unique address.
5. **MAILING ADDRESS.** Complete **only** if you wish to receive correspondence at an address other than the business address. All licenses will be mailed to the business address.
6. **BUSINESS AREA CODE AND TELEPHONE NUMBER.** You must list the business area code and telephone number where the repair business is conducted.
7. **LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS, DIRECTORS, TRUSTEES and RESPONSIBLE MANAGING EMPLOYEE (RME).**

Under Business and Professions Code Section 9884, an automotive repair dealer shall identify the owners, directors, officers, partners, managers and other persons who directly or indirectly control or conduct the business. (Attach additional pages if necessary.)

- **Sole Proprietorship:** If the business is owned by one individual, list full name, social security number (SSN), driver license number, home area code and telephone number and home address of the owner.
  - **Partnership:** If the business is a partnership (2 or more individuals), list full names, federal employer identification number (FEIN), driver license numbers, home area code and telephone numbers and home addresses of all partners of the business. *If the names of the partners are listed in the business name, you must also submit an SSN for each partner listed in the business name and on the application. (Attach additional pages if necessary.)*
  - **Corporation:** If the business is a corporation, list full names, driver license numbers, home area code and telephone numbers and home addresses of all Officers and Directors. The list must include the Chief Executive Officer (i.e., President), Secretary and Chief Financial Officer (i.e., Treasurer). If the same person holds all corporate offices, you must state so in the application. *If the names of the Officers or Directors are listed in the business name, you must also submit an SSN for each Officer or Director listed in the business name and on the application.* If a Trust, disclosure is required and you must list all Trustees.
8. **APPLICANT'S BACKGROUND.** Check "yes," or "no," for questions a) and b). If "yes" is checked, attach copies of all documents pertaining to the question. Items c) and d) must be answered in full.
  9. **STATE TAX NUMBER, CITY/COUNTY BUSINESS LICENSE, and FEDERAL IDENTIFICATION NUMBER.** Enter the Board of Equalization Seller Permit Number, Business License Number, and Hazardous Waste Identification Number, if required.
  10. **TYPE OF OWNERSHIP.** Check only one type of ownership: Sole Proprietorship, Partnership, or Corporation. This application is not to be used by a Limited Liability Corporation (LLC) or Limited Partnership (LP). Please call **(855) 735-0462** to obtain the appropriate LLC or LP application.
  11. **TYPE OF BUSINESS.** In items a) and b), enter the primary and secondary automotive repair services performed. If an Auto Body and/or Paint Shop, in item c), check "YES" or "NO." If yes, you must answer item d), Spray Booth Permit Number, if required.
  12. **CERTIFICATION.** Have appropriate person(s) read and sign this section.

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The information on this application is required pursuant to Section 9884 of the Business and Professions Code and California Code of Regulations Section 3351. Failure to provide any of the required information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for registration as an automotive repair dealer. Per California Civil Code, Section 1798.17 (Information Practice Act), the Director of the Department of Consumer Affairs is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.

Disclosure of your social security number (SSN) and/or your federal employer identification number (FEIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455(42 USCA 405(c)(2)(C) authorizes collection of your SSN/FEIN. Your SSN/FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code Section 17520, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN/FEIN, your application will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.

## ADDITIONAL INFORMATION

### APPLICATION FOR REGISTRATION:

Complete the attached application. Give all applicable information, according to instructions. Send the completed application and the \$200 fee for each location to the BAR Licensing Unit in Sacramento. After your registration is approved and processed, you will be mailed a Certificate of Registration. The average processing time is 4-6 weeks from the receipt of your application, providing the application does not have any deficiencies.

### CHANGE OF BUSINESS NAME OR ADDRESS:

If the business name or address changes, please call (855) 735-0462 to request a Change of Name/Address Form. The Bureau of Automotive Repair must be notified of a name or address change within 14 days.

### CHANGE IN OWNERSHIP:

An ownership change consists of any change in legal ownership of the licensed business, including the purchase of an existing business, addition or deletion of a partner, the transfer of any ownership interest between members of family, change of the business entity by incorporation of the business, or any other change in the corporate status that requires a new corporate number as issued by the Secretary of State.

### RENEWAL OF REGISTRATION:

Every year you must renew your registration by submitting an Application for Renewal. The Department makes every effort to mail you a courtesy notice approximately 60 days before expiration of your current registration. However, if you do not receive a renewal notice, you are still responsible for renewing your registration. If you renew your registration after the date of expiration, you will be charged a late fee of \$50.00.

### LIMITED LIABILITY COMPANY (LLC):

If the repair shop you are applying for is a Limited Liability Company (LLC), you must apply on a separate Automotive Repair Dealer (ARD) application for an LLC. To obtain an LLC application, please call (855) 735-0462.

### TYPE OF REPAIR BUSINESS REQUIRED TO REGISTER:

A valid registration is required for any business that performs, for compensation, tests or repairs to, maintenance of, or diagnosis of malfunctions of any of the following automotive or motorcycle components:

AIR CONDITIONING SYSTEM	TRANSMISSION
BODY AND FRAME	STEERING GEAR
BRAKES	EMISSION CONTROL SYSTEM
CLUTCH	FUEL SYSTEM
DRIVE TRAIN ASSEMBLY	HEATER SYSTEM
ELECTRICAL SYSTEM	GLASS COMPONENTS
ENGINE	OTHER AUTOMOTIVE OR MOTORCYCLE COMPONENTS
SUSPENSION	(not specifically excluded)

### TYPE OF REPAIR BUSINESS NOT REQUIRED TO REGISTER:

No registration is required for the following:

- A business that services only vehicles other than passenger vehicles.
- A fleet owner repairing only fleet vehicles.
- A business that performs only minor maintenance services to motor vehicles.
- Machine shops that meet all of the following criteria:
  1. Primary business is the wholesale supply of new or rebuilt automotive parts; and
  2. Solely engages in the remanufacturing of individual automotive parts without compensation for warranty adjustments; and
  3. Does not engage in repairing or diagnosing malfunctions of motor vehicles or motorcycles.