



Bureau of Automotive Repair Licensing Unit
 P.O. Box 989001, West Sacramento, CA 95798-9001
 P (855) 735-0462 F (855) 641-9982 | www.bar.ca.gov

LIMITED LIABILITY COMPANY (LLC)

AUTOMOTIVE REPAIR DEALER REGISTRATION APPLICATION Fee \$200.00

For Department Use Only	
Registration Number:	_____
Issue Date:	_____
Business Type:	_____
Receipt Number:	_____
ATS Number:	_____

INSTRUCTIONS:

1. Read attached instructions and all information contained in this application.
2. Submit completed application with all requirements and fees to the Bureau of Automotive Repair at the above address.
3. Remit fees by check or money order made payable to the Licensing Unit. **FEES ARE NON-REFUNDABLE PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 158.**
4. All information is mandatory and is required under Business and Professions Code Section 9884 and California Code of Regulations Section 3351. Please write "N/A" or "Exempt" if an item does not apply to your business structure.
5. **This application is NOT for use by a Sole-Proprietorship, Partnership, Limited Partnership or Corporation.** Please call (855) 735-0462 to obtain the appropriate application form.

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

1. Name of Business (DBA): (AS SHOWN ON INVOICES AND ADVERTISEMENTS)					
2. Name of Limited Liability Company: (AS FILED WITH THE OFFICE OF THE CALIFORNIA SECRETARY OF STATE)					
3. Business Address:	Number and Street	Suite or Unit#	City	State	Zip Code
4. Mailing Address:	Number and Street or Post Office Box		City	State	Zip Code
5. Business Area Code and Telephone Number:					
6. List All Persons that are Members of the Limited Liability Company: If necessary, list additional members on page 4 of the application. Enter Full Legal Names. NO INITIALS. If a legal name contains initials only, so state.					
<ul style="list-style-type: none"> ➤ If a Member is a PARTNERSHIP, list <u>all</u> Partners. ➤ If a Member is a CORPORATION, list <u>all</u> Officers and Directors of the corporation. 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> state so in the application. ➤ If a Member is a TRUST, disclosure is required and you must list all Trustees. 					
Full Name:				Title:	
Last		First		Middle	
Social Security Number/Individual Tax Identification Number:		Driver License Number:		Area Code and Telephone Number:	
Contact Address:					
Number and Street	City		State	Zip Code	
Full Name:				Title:	
Last		First		Middle	
Social Security Number/Individual Tax Identification Number:		Driver License Number:		Area Code and Telephone Number:	
Contact Address:					
Number and Street	City		State	Zip Code	
Full Name:				Title:	
Last		First		Middle	
Social Security Number/Individual Tax Identification Number:		Driver License Number:		Area Code and Telephone Number:	
Contact Address:					
Number and Street	City		State	Zip Code	

Full Name: Last First Middle	Title:
Social Security Number/Individual Tax Identification Number:	Driver License Number:
Area Code and Telephone Number:	
Contact Address: Number and Street	City State Zip Code
Full Name: Last First Middle	Title:
Social Security Number/Individual Tax Identification Number:	Driver License Number:
Area Code and Telephone Number:	
Contact Address: Number and Street	City State Zip Code
Full Name: Last First Middle	Title:
Social Security Number/Individual Tax Identification Number:	Driver License Number:
Area Code and Telephone Number:	
Contact Address: Number and Street	City State Zip Code
Full Name: Last First Middle	Title:
Social Security Number/Individual Tax Identification Number:	Driver License Number:
Area Code and Telephone Number:	
Contact Address: Number and Street	City State Zip Code
7. Military Verification:	
a) Are you currently serving or have you previously served in the U.S. military?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b) Are you married to or in a domestic partnership or other legal union with an active duty member of the U.S. military assigned to a duty station in California under official active duty military orders?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Applicant's Background: Pertains to each person listed in number 6 of the application.	
a) CRIMINAL CIVIL VIOLATIONS: Pursuant to Business and Professions Code Sections 480 and 490, has any person listed in number 6 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? <input type="checkbox"/> YES <input type="checkbox"/> NO Has any person listed in number 6 ever have/had a smog check technician or lamp/brake adjuster license issued by the Bureau of Automotive Repair (BAR) which has been convicted of any offense or entered a plea of nolo contendere in this or any other state in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES to any, you must provide a DETAILED 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.)	
b) ADMINISTRATIVE DISCIPLINE: Has a person listed in number 6 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 (BAR) denied, suspended, revoked, placed on probation or been issued a citation? <input type="checkbox"/> YES <input type="checkbox"/> NO Has any person listed in number 6 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES to any, you must provide a DETAILED statement including the registration or license number disciplined, in addition to a description of the discipline imposed on that registration or license.	
c) Has any person listed in number 6 ever have/had any CURRENT automotive repair dealer registration, smog check station license, lamp and/or brake station, or STAR certification? If YES, list Business name and registration/license number. <input type="checkbox"/> YES <input type="checkbox"/> NO Has any person listed in number 6 ever have/had any CURRENT 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) <input type="checkbox"/> YES <input type="checkbox"/> NO	

d) Has any person listed in number 6 ever have/had any **PRIOR** automotive repair dealer registration, smog check station license, lamp and/or brake station license, or STAR certification? If YES list Business name and registration number. YES NO

Has any person listed in number 6 ever have/had any **PRIOR** 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) YES NO

e) Is this a change of ownership? If YES, you must provide copies of proof of sale. YES NO

9. In accordance with Business and Professions Code Section 9884 and California Code of Regulations Section 3351 enter the NUMBER assigned to the Domestic or Foreign Limited Liability Company. Under Corporations Code Section 17000 and 17450 all limited liability companies must be registered as a Domestic or Foreign Limited Liability Company in good standing with the California Secretary of State. Attach a copy of the supporting limited liability company forms, where requested.

a) For a **DOMESTIC** Limited Liability Company, enter the NUMBER assigned by the California Secretary of State.

DOMESTIC NUMBER: _____.

Attach a copy of your Domestic Limited Liability Company forms, as follows:

Limited Liability Company Articles of Organization and Charter

Limited Liability Company Statement of Information

Limited Liability Company Operating Agreement

If a Member of the Domestic Limited Liability Company is a Trust, disclosure is required and you must attach a copy of the Trust Agreement.

b) For a **FOREIGN** Limited Liability Company, enter the NUMBER assigned by the California Secretary of State.

FOREIGN NUMBER: _____.

Attach a copy of your Foreign Limited Liability Company forms, as follows:

Certificate of Registration

Limited Liability Company Operating Agreement

Limited Liability Company Statement of Information

Limited Liability Company Articles of Organization and Charter in which the limited liability company was formed under the laws of another state.

If a Member of the Foreign Limited Liability Company is a Trust, disclosure is required and you must attach a copy of the Trust Agreement.

10. Write the assigned permit/license number in the space provided.

a) Seller Permit Number: (As assigned by the California Board of Equalization). _____

b) Federal Employer Identification Number: (As assigned by the Department of Treasury - IRS). _____

c) 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 6 of the application).

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 primary 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. Automotive 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? YES NO

If yes, you must answer section d.

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 licenses/permits listed below. If required, write the license/permit number where requested. (Contact your local city/county business license office, Environmental Protection Agency and Air Quality Management or Pollution Control District for requirements, if any.)

1. Hazardous Waste Identification Number: (Assigned by the United States or California Environmental Protection Agency) _____

2. Spray Booth Permit Number: (Assigned by the local Air Quality Management or Pollution Control District) _____

12. Certification: The Certification must be signed and dated by each person shown in number 6 of the application. ALL additional persons must also sign and date the Certification shown on page 4 of this application.

PLEASE NOTE: Pursuant to Business and Professions Code Sections 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 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 _____

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.

Disclosure of your social security number (SSN)/Individual Tax Identification Number (ITIN) 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/ITIN/FEIN. Your SSN/ITIN/FEIN will be used exclusively for tax enforcement 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/ITIN/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. 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 Consumers Affairs within 14 days. Pursuant to Business and Professions 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 performed without a valid registration.

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 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, 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:

A change in ownership means any change in legal ownership of the licensed business, including the addition or deletion of a member or the transfer of any ownership interest between members (such as by sale, gift, or death of a member), and/or change of business entity. When a change in ownership takes place, you must cease operating as an auto repair dealer and submit a new application and fee.

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.

APPLICATION FOR SOLE-PROPRIETORSHIP, PARTNERSHIP, LIMITED PARTNERSHIP OR CORPORATION:

If the repair shop is owned by a Sole-Proprietorship, Partnership, Limited Partnership or Corporation, you must apply on the Automotive Repair Dealer (ARD) application for a Sole-Proprietorship, Partnership, Limited Partnership or Corporation. To obtain the appropriate application form, please call (855) 735-0462.

TYPE OF REPAIR BUSINESS REQUIRED TO REGISTER:

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

AIR CONDITIONER 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.

INSTRUCTIONS FOR COMPLETING APPLICATION FOR REGISTRATION FOR A LIMITED LIABILITY COMPANY

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 DOMESTIC or FOREIGN LIMITED LIABILITY COMPANY:** Enter the exact name of the limited liability company as registered with the Office of the California Secretary of State.

3. 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.**
4. 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.
5. BUSINESS AREA CODE AND TELEPHONE NUMBER: You must list the business area code and telephone number where the repair business is conducted.
6. LIST ALL MEMBERS OF THE LIMITED LIABILITY COMPANY: Enter each person's Full Legal Name, NO INITIALS, unless the legal name contains initials only. In that case you must add a statement so indicating. Each title, Social Security Number/Individual Tax Identification Number, driver's license number, phone number and home address.
 - ♦ If a Member is a partnership, enter identifying information for all Partners.
 - ♦ If a Member is a corporation, enter identifying information for all corporate officers and directors. Under Corporations Code 312 a corporation must have three officers: A chief executive officer (i.e. president), secretary, and chief financial officer (i.e. treasurer). If the same person holds all offices, you must state so.
 - ♦ If a Member is a Trust, full disclosure is required and you must provide identifying information for all Trustees.
7. MILITARY VERIFICATION: Expedited application assistance is available for current or former United States military personnel and spouses or domestic partners of active duty or reserve military personnel. A waiver of renewal requirements is available for active duty or reserve military personnel. To apply for expedited application assistance or a renewal requirement(s) waiver, you must submit required documentation as specified at www.bar.ca.gov. (See Health and Safety Code section 44031.5(d) and Business and Professions Code sections 114.3 and 115.5).
8. APPLICANT'S BACKGROUND: Applies to all persons that are members.
 - a) Check "YES" or "NO." If yes, provide a detailed statement, including the crime, conviction and date of conviction. (For the purpose of the question, "offense" does not apply to minor traffic violations.)
 - b) Check "YES" or "NO." If yes, provide a detailed statement.
 - c) List the business names and registration numbers of all current licenses.
 - d) List the business names and registration numbers of all prior licenses.
 - e) Check "YES" or "NO." If yes, provide a copy of proof of sale.
9. LIMITED LIABILITY COMPANY SUPPORTING INFORMATION:
 - a) DOMESTIC LIMITED LIABILITY COMPANY: Write the NUMBER for the Domestic Limited Liability Company. Attach a copy of your Limited Liability Company Articles of Organization and Charter, Limited Liability Company Statement of Information and Operating Agreement. If a Trust and/or Trustee is a member, full disclosure is required and you must provide a copy of the Trust Agreement.
 - b) FOREIGN LIMITED LIABILITY COMPANY: Write the NUMBER for the Foreign Limited Liability Company. Attach a copy of your Operating Agreement, Limited Liability Company Certification of Registration, Limited Liability Company Articles of Organization and Charter, Limited Liability Company Statement of Information, and a copy of the original Certificate of Good Standing. If a Trust and/or Trustee is a member, full disclosure is required and you must provide a copy of the Trust Agreement.
10. SELLER PERMIT, FEDERAL EMPLOYER IDENTIFICATION NUMBER, BUSINESS LICENSE: Enter the Board of Equalization Seller Permit Number, Federal Employer Identification Number and Business license number.
11. TYPE OF BUSINESS: In subsections a and b, enter the primary and secondary automotive repair services performed. Inc., check "YES" or "NO." If yes, you must complete section d and enter your Hazardous Waste Identification Number and Spray Booth Permit Number.
12. CERTIFICATION: All persons that are members must read, sign and date the certification.