



AUTOMOTIVE REPAIR DEALER REGISTRATION APPLICATION INSTRUCTIONS

Complete this application in accordance with the instructions below and include additional pages and documents as necessary. The Bureau of Automotive Repair (BAR) cannot consider an application for registration unless all requested information is provided. If not applicable, indicate N/A.

- Submit completed application with all required information and fees to the BAR Licensing Program at the above address. **Send a separate completed application and \$200.00 fee to the above address for each business location.**
- Remit fees by check or money order made payable to the Bureau of Automotive Repair.
- **FEES ARE NON-REFUNDABLE PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 158.**
- A registration will be mailed to the address of record after your application is approved and processed, provided the application does not have any deficiencies.

SECTION 1 - 14

1. **NAME OF BUSINESS:** Provide the exact name under which the business will be conducted. This same name should be shown on all invoices and advertisements. **NOTE: The motor vehicle license plate number, if provided in section 13, item (c), will be included as part of the registered business name.**
2. **NAME OF CORPORATION:** Provide the name of the corporation as filed with the California Secretary of State. (This section does not apply to businesses owned by individuals or partnerships.)
3. **CORPORATION NUMBER:** Provide the corporation number assigned by the California Secretary of State. The corporation number must be in an active status. (This section does not apply to businesses owned by individuals or partnerships.)
4. **FEDERAL EMPLOYER IDENTIFICATION NUMBER:** Provide the Federal Employer Identification Number (FEIN) assigned by the Internal Revenue Service. The FEIN must be in an active status.
5. **BUSINESS ADDRESS:** Provide the physical address where business is conducted and/or records will be maintained. P.O. Boxes are not permitted. 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. All licenses are mailed to the business address. The business address must be shown on invoices and advertisements. The business address will be disclosed on BAR's website as the address of record.
6. **MAILING ADDRESS:** Complete only if you wish to receive correspondence at an address other than the business address. **If you provide a mailing address, renewal notices will be sent only to this address.**
7. **BUSINESS AREA CODE AND TELEPHONE NUMBER:** Provide the area code and telephone number.
8. **EMAIL ADDRESS:** Provide a valid email address for receipt of correspondence from BAR.
9. **LIST ALL OWNERS, DIRECTORS, OFFICERS, PARTNERS, MEMBERS, TRUSTEES, RESPONSIBLE MANAGING EMPLOYEE (RME), AND OTHER PERSONS WHO DIRECTLY OR INDIRECTLY CONTROL OR CONDUCT THE BUSINESS:** Pursuant to Business and Professions Code section 9884, an automotive repair dealer shall identify the owners, directors, officers, partners, members, trustees, responsible managing employee, and other persons who directly or indirectly control or conduct the business.
 - **Sole Proprietorship:** If the business is owned by one individual, list the full name, title (i.e., owner), Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), government-issued photo identification (ID), area code and telephone number, and home address of the owner.
 - **Partnership:** If the business is a partnership (two or more individuals), list the full name, title (i.e., partner), SSN/ITIN, government-issued photo identification (ID), area code and telephone number, and home address for each partner of the business.

- Corporation: If the business is a corporation, list the full name, title (i.e., president, secretary, treasurer, etc.), SSN/ITIN, government-issued photo identification (ID), area code and telephone number, and home address for each officer and director of the business. **If the same person holds all corporate offices, you must state so on the application.**
 - Trust: If the business is a trust, list the full name, title (i.e., trustee), SSN/ITIN, government-issued photo identification (ID), area code and telephone number, and home address for each trustee.
10. **APPLICANT'S BACKGROUND:** This section must be completed in its entirety. Check "yes" or "no" for questions a through j. Any applicable information not provided may result in denial of this application or legal action later to revoke this licensure.

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.)

Expedited application assistance is available for applicants who were admitted to the United States as a refugee under Section 1157 of Title 8 of the United States Code, applicants who have been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to Section 1158 of Title 8 of the United States Code, or applicants who have a special immigrant visa (SIV) that has been granted status under Section 1244 of Public Law 110-181, under Public Law 109-163, or under Section 602(b) of Title VI of Division F of Public Law 111-8. (Business and Professions Code section 135.4)

Acceptable refugee, asylee, and immigration documentation includes:

- Form I-94, Arrival/Departure Record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee.
 - Special immigrant visa that includes the designators "SI" or "SQ."
 - Permanent Resident Card (Form I-551), commonly known as a "Green Card," with a category designation indicating that the person was admitted as a refugee or asylee.
 - An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.
11. **SELLER PERMIT, CITY/COUNTY BUSINESS LICENSE, HAZARDOUS WASTE IDENTIFICATION NUMBER:** If not applicable, indicate N/A or Exempt.
- Seller Permit Number: Provide the seller permit number as assigned by the California Board of Equalization.
 - Business License Number: Provide the business license number as assigned by the local city or county official of that jurisdiction. If the office or jurisdiction does not require a business license, attach a detailed statement dated and signed by a person listed in section 8 of the application.
 - Hazardous Waste Identification Number: Provide the hazardous waste identification number as assigned by the United States or California Environmental Protection Agency.
12. **TYPE OF OWNERSHIP:** Select only one type of ownership: sole proprietorship, partnership, or corporation. This application is not to be used by a limited liability company (LLC). Please visit www.bar.ca.gov or call (855) 735-0462 to obtain the appropriate LLC application.
13. **TYPE OF BUSINESS:**
- Using the list provided, identify the primary and secondary services performed by the business and provide the corresponding number(s) in items (a) and (b).
 - Select YES or NO for item (c). If YES, provide the license plate number for the motor vehicle used to perform mobile automotive repairs in item (c). The motor vehicle license plate number will be included as part of the registered business name that must be shown on all invoices and advertisements. (California Code of Regulations, title 16, Section 3351.7.3.)
 - Select YES or NO for item (d).
 - If required, provide the spray booth permit number as assigned by the local Air Quality Management or Air Pollution Control District in item (e) and attach a copy of the supporting documents.

14. CERTIFICATION: The appropriate person(s) must read, sign, and date section 14 of this application. Signatures affirm that all statements are true and correct. Any false statements made on this application may result in denial of this application or legal action later to revoke the registration.

ADDITIONAL INFORMATION

TYPE OF REPAIR BUSINESS REQUIRED TO REGISTER

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

- AIR CONDITIONING SYSTEM
- BODY AND FRAME
- BRAKES
- CLUTCH
- DRIVE TRAIN ASSEMBLY
- ELECTRICAL SYSTEM
- ENGINE
- SUSPENSION
- TRANSMISSION
- STEERING GEAR
- EMISSION CONTROL SYSTEM
- FUEL SYSTEM
- HEATER SYSTEM
- GLASS COMPONENTS
- OTHER AUTOMOTIVE MOTORCYCLE COMPONENTS (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.
- 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.

CHANGE OF BUSINESS NAME, ADDRESS, OR CORPORATE OFFICERS OR DIRECTORS

If there is a change to your business name, address, or corporate officers or directors, please call (855) 735-0462 to request a Change of Name/Address/Corporate Officers or Directors form or access the form on BAR's website. BAR must be notified within 14 days of the change of business name, address, or corporate officers or directors per California Code of Regulations, title 16, section 3351.1(d).

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. When a change in the business ownership takes place, you must cease operating as an automotive repair dealer and the new owner must submit a new application with the applicable fee.

RENEWAL OF REGISTRATION

An automotive repair dealer registration must be renewed annually by submitting a renewal notice and the applicable fee. The Department of Consumer Affairs mails a courtesy notice approximately 90 days before expiration of a registration. **However, if a renewal notice is not received, owners are still responsible for renewing the registration.** If a registration is renewed after the date of expiration, the registrant will be charged a late fee of \$50.00.

APPLICATION FOR LIMITED LIABILITY COMPANY

If the business is a limited liability company (LLC), you must apply on a separate Automotive Repair Dealer Registration Application for an LLC. To obtain an LLC application, please visit www.bar.ca.gov or call (855) 735-0462.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

COLLECTION AND USE OF PERSONAL INFORMATION

The Bureau of Automotive Repair of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code sections 30, 9884, and 9887.2, Labor Code section 432.7, Civil Code section 1798 et seq. (Information Practices Act), and California Code of Regulations, title 16, section 3306. The Bureau of Automotive Repair uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Pursuant to Business and Professions Code section 27, the licensee's address of record is a public record and will be posted on BAR's website.

Disclosure of your Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), and/or your Federal Employer Identification Number (FEIN) is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC 405(c)(2)(C)) authorizes collection of your SSN/ITIN/FEIN. Your SSN/ITIN/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/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.

MANDATORY SUBMISSION

Submission of the requested information is mandatory. The Bureau of Automotive Repair cannot consider your application for licensure or renewal unless you provide all requested information.

ACCESS TO PERSONAL INFORMATION

You may review the records maintained by the Bureau of Automotive Repair that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION

The Bureau of Automotive Repair makes every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act (PRA) request (Government Code section 6250 et seq.), as allowed by the Information Practices Act (Civil Code section 1798 et seq.);
- To another government agency as required by State or Federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Effective July 1, 2012, the California Department of Tax and Fee Administration and the Franchise Tax Board may share taxpayer information with this agency.

Your license may be suspended by BAR if your state tax obligation is not paid.

CONTACT INFORMATION

For questions about this notice or access to your records, you may contact the Bureau of Automotive Repair PRA Unit at 10949 North Mather Boulevard, Rancho Cordova, CA 95670, by phone at (855) 735-0465, or by email at bar.pra@dca.ca.gov.

For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.

For questions about the Information Practices Act, you may contact the Office of the Attorney General, California Department of Justice - Attention: Public Inquiry Unit, PO Box 944255, Sacramento, CA 94244, by phone at (800) 952-5225, or online at www.oag.ca.gov.



BUREAU OF AUTOMOTIVE REPAIR | LICENSING PROGRAM

PO Box 989001, West Sacramento, CA 95798-9001

P (855) 735-0462 F (855) 641-9981 | www.bar.ca.gov



APPLICATION FOR:
Sole Proprietorship
Partnership
Corporation (Not LLC)

**AUTOMOTIVE REPAIR DEALER REGISTRATION
APPLICATION
FEE \$200**

FOR DEPARTMENT USE ONLY
ARD #:
Issue Date:
Business Type:
Receipt #:
ATS #:

Please type or print legibly in ink. If not applicable, indicate N/A. Do not leave any question blank.

1. NAME OF BUSINESS (DBA/TO BE SHOWN ON INVOICES AND ADVERTISEMENTS)					
2. NAME OF CORPORATION (AS FILED WITH THE CALIFORNIA SECRETARY OF STATE)					
3. CORPORATION NUMBER			4. FEDERAL EMPLOYER IDENTIFICATION NUMBER		
5. BUSINESS ADDRESS	Number and Street	Suite or Unit #	City	State	Zip Code
6. MAILING ADDRESS	Number and Street or PO Box	Suite or Unit #	City	State	Zip Code
7. BUSINESS AREA CODE AND TELEPHONE NUMBER			8. EMAIL ADDRESS		
9. LIST ALL OWNERS, DIRECTORS, OFFICERS, PARTNERS, MEMBERS, TRUSTEES, RESPONSIBLE MANAGING EMPLOYEE (RME), AND OTHER PERSONS WHO DIRECTLY OR INDIRECTLY CONTROL OR CONDUCT THE BUSINESS. If a PARTNERSHIP, list all partners. If a CORPORATION, list all officers and directors (i.e., president, secretary, and treasurer). If a TRUST, list all trustees. Enter full legal names (NO INITIALS). If a legal name contains initials only, so state. Attach additional pages if necessary.					
FULL NAME Last First Middle			TITLE		
SOCIAL SECURITY NUMBER/INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER			TELEPHONE NUMBER		
GOVERNMENT PHOTO ID ISSUING AUTHORITY, DOCUMENT TITLE, AND NUMBER (EXAMPLE: CALIFORNIA DRIVER LICENSE A123456)					
HOME ADDRESS	Number and Street or PO Box	Suite or Unit #	City	State	Zip Code
FULL NAME Last First Middle			TITLE		
SOCIAL SECURITY NUMBER/INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER			TELEPHONE NUMBER		
GOVERNMENT PHOTO ID ISSUING AUTHORITY, DOCUMENT TITLE, AND NUMBER (EXAMPLE: CALIFORNIA DRIVER LICENSE A123456)					
HOME ADDRESS	Number and Street or PO Box	Suite or Unit #	City	State	Zip Code
FULL NAME Last First Middle			TITLE		
SOCIAL SECURITY NUMBER/INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER			TELEPHONE NUMBER		
GOVERNMENT PHOTO ID ISSUING AUTHORITY, DOCUMENT TITLE, AND NUMBER (EXAMPLE: CALIFORNIA DRIVER LICENSE A123456)					
HOME ADDRESS	Number and Street or PO Box	Suite or Unit #	City	State	Zip Code

10. APPLICANT'S BACKGROUND		
<p>a. Has any person listed in section 9 ever served in the United States military?</p> <p>If YES, you must provide documentation. Refer to instructions page.</p>	YES	NO
<p>b. Is any person listed in section 9 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?</p> <p>If YES, you must provide documentation. Refer to instructions page.</p>	YES	NO
<p>c. Is any person listed in section 9 a refugee, asylee, or holder of a special immigration visa?</p> <p>If YES, you must provide documentation. Refer to instructions page.</p>	YES	NO
<p>d. Has any person listed in section 9, or any business the person is or was directly or indirectly in control of, ever been convicted of any offense or entered a plea of nolo contendere in this or any other state in the United States or a foreign country?</p> <p>This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Note: Convictions that were adjudicated in the juvenile court or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b) should not be reported. Convictions that were later dismissed by the court or set aside pursuant to section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the California Penal Code or equivalent non-California law MUST be disclosed.</p> <p>If YES, provide a statement of explanation, including the crime for which there was a conviction, the approximate date and location of the crime, and the sentence served, if any.</p>	YES	NO
<p>e. Exclusive of juvenile court adjudications and criminal charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b), has any person listed in section 9 had a conviction that was later dismissed or set aside by the court?</p> <p>If YES, provide a statement of explanation.</p>	YES	NO
<p>f. Does any person listed in section 9, or any business the person is directly or indirectly in control of, have any criminal action pending against them/it, or is currently awaiting judgment and sentencing following entry of a plea or jury verdict?</p> <p>If YES, provide a statement of explanation.</p>	YES	NO

<p>g. Has any person in section 9, or any business the person is or was directly or indirectly in control of, ever had a registration, license, or certification that was denied, suspended, revoked, or placed on probation by BAR or that was issued a citation by BAR?</p> <p>If YES, provide a statement of explanation that includes each registration, license, and/or certification disciplined and a description of the discipline imposed on that registration, license, and/or certification.</p>	YES	NO
<p>h. Does any person listed in section 9, or any business the person is directly or indirectly in control of, have a CURRENT registration, license, or certification issued by BAR?</p> <p>If YES, list the name(s) and registration number(s), license number(s), and/or certification(s):</p>	YES	NO
<p>i. Has any person listed in section 9, or any business the person was directly or indirectly in control of, ever had a PRIOR registration, license, or certification issued by BAR?</p> <p>If YES, list the name(s) and registration number(s), license number(s), and/or certification(s):</p>	YES	NO
<p>j. Is this a change of ownership? If YES, provide the proof of sale.</p>	YES	NO
<p>11. SELLER PERMIT, CITY/COUNTY BUSINESS LICENSE, HAZARDOUS WASTE IDENTIFICATION NUMBER (If not applicable, indicate N/A or exempt.)</p>		
<p>a. Seller Permit Number _____</p>		
<p>b. City/County Business License Number _____</p>		
<p>c. Hazardous Waste Identification Number _____</p>		
<p>12. TYPE OF OWNERSHIP (Check one box only.)</p>		
<p>Sole Proprietorship Partnership Limited Partnership Corporation</p>		
<p>13. TYPE OF BUSINESS (Provide the number(s) corresponding to the primary and secondary services performed by the business.)</p>		
<p>a. Primary Business Type _____</p>		
<p>b. Secondary Business Type _____</p>		
<p>10. General Repair 11. Preventative Maintenance Services 12. Smog Check Station 13. Auto Body and/or Paint Shop 14. New/Used Car Dealer 15. Used Cars Only Dealer 16. Chain Store 17. Motorcycle Repair Shop 18. Engine Rebuilding/Repair 19. Mobile Automotive Repair</p>	<p>20. Automotive Diagnostic Repair 21. Auto Wrecker/Dismantler 22. Glass Shop 23. Transmission Repair Shop 24. Brake/Front End Alignment Shop 25. Muffler/Exhaust Repair Shop 26. Radiator Repair Shop 27. Machine Shop 28. Tire Shop 29. Auto Training School/College</p>	<p>30. Auto Air Conditioning Shop 31. Trailer Hitch Installation 32. Tune Up/Oil Lube Shop 33. Electric Vehicle Repairs 34. Alternative Fuel Vehicle Repairs 35. Ignition Interlock Device Installer 36. Automotive Parts Retailer 40. Other: _____</p>

<p>c. Will the business be engaged solely in mobile automotive repairs <u>and</u> not operate a facility where the diagnosis or repair of motor vehicles is performed? If YES, provide the license plate number for the motor vehicle used to perform the mobile automotive repairs.</p> <p>Motor Vehicle License Plate Number _____</p> <p>PLEASE NOTE: The motor vehicle license plate number will be included as part of the registered business name that must be shown on all invoices and advertisements.</p>	YES	NO
<p>d. If the business is applying for registration as an Auto Body and/or Paint Shop, does the business have the required permits, licenses, and equipment to operate an Auto Body and/or Paint Shop? (California Code of Regulations title 16, section 3351.1(a) and (b))</p>	YES	NO

e. 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 a spray booth permit. If required, provide the permit number and attach a copy of the supporting documents.

Spray Booth Permit Number _____

14. CERTIFICATION: (Attach additional pages if necessary.)

- If type of ownership is SOLE PROPRIETORSHIP, the owner must sign.
- If type of ownership is PARTNERSHIP or LIMITED PARTNERSHIP, **ALL** partners must sign.
- If type of ownership is CORPORATION, at least one corporate officer listed in section 9 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 (ARD) 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, title 16, 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 attached supporting documents pertaining to this application are true and correct.

SIGNATURE _____ TITLE _____ DATE _____

SIGNATURE _____ TITLE _____ DATE _____

SIGNATURE _____ TITLE _____ DATE _____

NOTE: Once submitted, your application for Automotive Repair Dealer registration and supporting documentation become the property of BAR and will be kept as a matter of record. MAKE A COPY OF THIS COMPLETED AND SIGNED APPLICATION FOR YOUR RECORDS.