



BUSINESS LICENSE INFORMATION CHANGE FORM

Licensees must notify BAR within 14 days of a change of business address. All other changes must be reported within 30 days.

BUSINESS (Required)

Business name

BAR ARD registration number

CHANGE BUSINESS INFORMATION (Check the box for the information you want to change. Complete only the sections that apply.)

Business name

Mobile license plate number

FROM

FROM

TO

TO

Business address (Number and street, suite or unit #, city, state, and zip code)

Note: When you change your business address, BAR will set your station license to inactive. BAR must inspect the new location before you can do inspections again.

FROM

TO

Mailing address (Number and street or PO Box, suite or unit #, city, state, and zip code)

FROM

TO

Business telephone number (XXX-XXX-XXXX)

FROM

TO

Business email address

FROM

TO

Service types (Use the list to indicate the number(s) corresponding to the primary and secondary services performed by the business.)

Primary business service type _____

Secondary business service type (if applicable) _____

Business service types

- | | | | |
|-------------------------------|-----------------------------|----------------------------------|-----------------------------------------|
| 10. General repair | 18. Engine | 26. Radiator | 34. Alternative fuel vehicle |
| 11. Preventative maintenance | 19. Mobile | 27. Machine shop | 35. Ignition interlock device installer |
| 12. Smog Check | 20. Diagnostic center | 28. Tire/wheels | 36. Automotive parts retailer |
| 13. Auto body and/or paint | 21. Auto wrecker/dismantler | 29. Auto training school/college | 40: Other |
| 14. New/used car dealership | 22. Glass/windshield | 30. Air conditioning shop | |
| 15. Used cars only dealership | 23. Transmission | 31. Trailer hitch/installation | |
| 16. Franchise/chain | 24. Brake and alignment | 32. Oil/lube/filter | |
| 17. Motorcycle | 25. Muffler/exhaust | 33. Electric vehicle | |

CHANGE CONTROLLING INDIVIDUALS – OFFICERS, MEMBERS, TRUSTEES, MANAGERS, RESPONSIBLE MANAGING EMPLOYEE (RME)

Note: Changes must be certified by a primary controlling individual of the business. If the change results in a new entity/change of ownership, you must apply for a new automotive repair dealer registration and/or new station license(s). Attach additional pages if necessary.

FROM Name (Last, first, middle, suffix) Title (Pres./CEO, Treas./CFO, Secy., Member, Manager, RME)

TO Name (Last, first, middle, suffix) Title (Pres./CEO, Treas./CFO, Secy., Member, Manager, RME)

Government photo ID issuing authority, document title, and number
(Example: California Drivers License A123456) Social Security number/Individual taxpayer identification number
(xxx-xx-xxxx)

Telephone number (XXX-XXX-XXXX) Email address

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(Example: California Drivers License A123456) Social Security number/Individual taxpayer identification number
(xxx-xx-xxxx)

Telephone number (XXX-XXX-XXXX) Email address

CERTIFICATION (THIS SECTION MUST BE COMPLETED BY A CONTROLLING INDIVIDUAL OF THE BUSINESS)

I/we certify under penalty of perjury under the laws of the State of California that all information and documentation provided on this form are true and correct, including information regarding the business owners, directors, officers, partners, members, trustees, and managers, as applicable, and other persons who directly or indirectly control or conduct the business. I/we understand that any omission or misrepresentation of such information may result in the suspension or revocation of the license.

Print name Title (Owner, Partner, Pres./CEO, Treas./CFO, Secy./CFO, Member, Manager, RME)

Signature Date

SUBMIT COMPLETED FORM BY EMAIL TO BARLICENSING@DCA.CA.GOV

For department use only

Initials: **Date processed:**