



## CHANGE OF NAME/ADDRESS/CORPORATE OFFICERS OR DIRECTORS

**CHANGE TYPE:** *Please check applicable box(es)*

- Change of name and/or motor vehicle license plate number** (Complete items 1, 2, and 6)
- Change of business service types** (Complete items 2 and 6)
- Change of physical address** (Complete items 3 and 6)
- Change of mailing address** (Complete items 4 and 6)
- Change of corporate officers or directors** (Complete items 2, 5, and 6)

*DEPARTMENT USE ONLY*

Initials: \_\_\_\_\_

Date Processed: \_\_\_\_\_

**ATTACHMENTS REQUIRED:**

If you are a business (Individual/Partnership/Corporation), you must attach your **ORIGINAL** ARD Registration and **ALL** associated licenses. Post photocopies of your original license(s) in your shop until you receive the new license(s).

**MAIL COMPLETED FORM AND ALL ATTACHMENTS TO THE LICENSING PROGRAM AT THE ABOVE ADDRESS OR EMAIL THE COMPLETED FORM AND ATTACHMENTS TO [BARLICENSINGAPPLICATIONS@DCA.CA.GOV](mailto:BARLICENSINGAPPLICATIONS@DCA.CA.GOV).**

<b>Current Business Name</b> <i>(Required)</i>	<b>License or Registration Number</b> <i>(Required)</i>
<b>Email Address</b> <i>(Required)</i>	

*Please type or print legibly*

**1. Change of Name and/or Motor Vehicle License Plate Number** *(Provide NEW business name and/or motor vehicle license plate number.)*  
**NOTE:** The motor vehicle license plate number is included as part of the mobile ARD business that must be shown on all invoices and advertisements.

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**2. Change of Business Service Types** *(Using the list provided on page 2, indicate the number(s) corresponding to the primary and secondary services performed by the business.)*

a) Primary Business Service Type \_\_\_\_\_ b) Secondary Business Service Type (if applicable): \_\_\_\_\_

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**3. Change of Physical Address**

Number and Street	City	State	Zip Code	Phone Number
From:				
Number and Street	City	State	Zip Code	Phone Number
To:				

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**4. Change of Mailing Address** *(If different from physical address)*

Number and Street	City	State	Zip Code	Phone Number
From:				
Number and Street	City	State	Zip Code	Phone Number
To:				

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**5. Change of Corporate Officers or Directors** *(NOTE: If your corporation number has changed you must reapply.)*

	From	To	Government Issued ID #	Social Security #
President/CEO				
Secretary/COO				
Treasurer/CFO				

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**6. Certification**

I CERTIFY UNDER PENALTY OF PERJURY under the laws of the state of California that all statements made on this form and on all attached documents are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Owner, Partner, Corporate Officer or Member

**BUSINESS SERVICE TYPES:**

Indicate the number(s) corresponding to the primary and secondary services performed by the business in item 2.

10. General Repair	20. Diagnostic Center	30. Air Conditioning Shop
11. Preventative Maintenance	21. Auto Wrecker/Dismantler	31. Trailer Hitch Installation
12. Smog Check	22. Glass/Windshield	32. Oil/Lube/Filter
13. Auto Body and/or Paint	23. Transmission	33. Electric Vehicle
14. New/Used Car Dealership	24. Brake and Alignment	34. Alternative Fuel Vehicle
15. Used Cars Only Dealership	25. Muffler/Exhaust	35. Ignition Interlock Device Installer
16. Franchise/Chain	26. Radiator	36. Automotive Parts Retailer
17. Motorcycle	27. Machine Shop	40. Other _____
18. Engine	28. Tire/Wheels	
19. Mobile	29. Auto Training School/College	