



APPLICATION FOR BRAKE STATION LICENSE

Class Type of License: *Check one only*

- “A” All Vehicles
- “B” Heavy Duty Vehicles
- “C” Passenger Vehicles and Motorcycles

Fee \$10

INSTRUCTIONS:

1. Read attached instructions and all information contained in this application.
2. Remit fees by check or money order made payable to the Bureau of Automotive Repair.
3. Submit completed application with all requirements and fees to the Bureau of Automotive Repair, Licensing Unit at the above address.
4. All information is mandatory and is required under the Business and Professions Code Section 9887.2 and California Code of Regulations 3315.
PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 158, FEES ARE NON-REFUNDABLE.

Please type or print legibly in ink.

1. Name of Business: (AS SHOWN ON INVOICES AND ADVERTISEMENTS)		2. Automotive Repair Dealer Registration Number:	
3. Name of Corporation: (AS FILED WITH THE OFFICE OF THE CALIFORNIA SECRETARY OF STATE)		4. Corporation Number:	
5. Business Address: Number and Street Suite or Unit # City State Zip Code <small>NOTE: If this is a multiple facility address you must include the unit suite number.</small>			
6. Mailing Address: Number and Street or Post Office Box City State Zip Code			
7. Business Area Code and Telephone Number: ()			
8. List all Owners, Partners, or Corporate Officers, and Directors. (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, (i.e., President, Secretary, and 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. All applicants - Under Business and Professions Code Section 9884, an automotive repair dealer and station shall identify the owners, directors, officers, partners, managers, and other persons who directly or indirectly control or conduct the business. (see Instructions Sheet - Page 3, Number 8 regarding FEIN/SSN/ITIN requirements.)			
Full Name: Last First Middle			Title:
Social Security Number/Individual Tax Identification Number:	Federal Employer I.D. Number:	Driver License Number:	Contact Telephone Number: ()
Home Address: Number and Street City State Zip Code			
Full Name: Last First Middle			Title:
Social Security Number/Individual Tax Identification Number:	Federal Employer I.D. Number:	Driver License Number:	Contact Telephone Number: ()
Home Address: Number and Street City State Zip Code			
Full Name: Last First Middle			Title:
Social Security Number/Individual Tax Identification Number:	Federal Employer I.D. Number:	Driver License Number:	Contact Telephone Number: ()
Home Address: Number and Street City State Zip Code			

<i>For Department Use Only</i>
License Number _____
Class _____
Issue Date _____
Expiration Date _____
Receipt Number _____
ATS Number _____

9. Applicant's Background: Attach additional pages if necessary.

<p>a) CRIMINAL CIVIL VIOLATIONS: Pursuant to Business and Professions Code Sections 480 and 490, has any person listed in number 8 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? Has any person listed in number 8 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? 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)</p>	<p>YES NO</p>
<p>b) ADMINISTRATIVE DISCIPLINE Has any person listed in number 8 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? Has any person listed in number 8 ever have/had a smog check technician or lamp/brake adjuster license issued by the Bureau of Automotive Repair denied, suspended, revoked, or placed on probation or been issued a citation? 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.</p>	<p>YES NO YES NO</p>
<p>c) Has any person listed in 8 ever have/had any CURRENT automotive repair dealer registration, smog check license, lamp and/or brake station license, or STAR certificate? If YES, list Business name and registration/license number. Has any person listed in 8 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.</p>	<p>YES NO YES NO</p>
<p>d) Has any person listed in 8 ever have/had any PRIOR automotive repair dealer registration, smog check station license, lamp and/or brake station license, or STAR certificate? If YES, list Business name and registration number. Has any person listed in 8 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)</p>	<p>YES NO YES NO</p>

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

If type of ownership is SOLE PROPRIETORSHIP, the owner must sign.
 If type of ownership is PARTNERSHIP or LP, **ALL** partners must sign.
 If type of ownership is CORPORATION, at least one corporate officer listed in number 8 must sign.
 If type of ownership is LLC, all members must sign.
 Non-owner managers or other non-owner business controllers are not required to sign the application.

PLEASE NOTE: Pursuant to Title 16, California Code of Regulations section 3340.10(f), you may not perform any activities at this location for which you are required to possess a valid Brake station License, until a Brake Station License is issued.

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 _____

Signature _____ Title _____ Date _____

INSTRUCTIONS FOR COMPLETING APPLICATION FOR BRAKE STATION LICENSURE

CLASS TYPE: Check the box to the left of the class type that you are applying for. Class "A" All Vehicles, Class "B" Heavy Duty Vehicles (Busses, Trucks, Trailers), or Class "C" Passenger Vehicles and Motorcycles.

Please follow the instructions below to assist you in answering questions 1 - 10 on the application.

1. **NAME OF BUSINESS:** Write the exact name as listed on the Automotive Repair Dealer Registration (ARD) Number of the business.
2. **AUTOMOTIVE REPAIR DEALER REGISTRATION NUMBER:** Provide the current ARD number of the business. If the ARD has not been registered at the time of filling out this application, write **pending**.
3. **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.)
4. **CORPORATION NUMBER:** Provide 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.)
5. **BUSINESS ADDRESS:** You must list the physical address where business is conducted. No addresses with 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.
6. **MAILING ADDRESS:** Complete **only** if you wish to receive correspondence at an address other than the business address.
7. **BUSINESS AREA CODE AND TELEPHONE NUMBER:** You must provide the business area code and telephone number at which the station business is conducted.
8. **LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS, OR DIRECTORS, AND TRUSTEES.**
 - **Sole Proprietorship:** If the business is owned by one individual, list full name, Social Security number (SSN)/Individual Tax Identification Number (ITIN), driver license number, contact area code and telephone number, and mailing address of the owner.
 - **Partnership:** If the business is a partnership (two or more individuals), list full names, federal employer identification number (FEIN), driver license numbers, contact area code and telephone numbers and mailing addresses of all partners of the business. If the names of the partners are listed in the business name, you must also submit a SSN/ITIN 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, contact area code and telephone numbers and mailing addresses of all Officers and Directors, (i.e., President, Secretary, and 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 a SSN/ITIN for each Officer or Director listed in the business name and on the application.
 - **Trust:** If a Trust, disclosure is required and you must list all Trustees.

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

9. **APPLICANT'S BACKGROUND:** This section must be completed in its entirety. Check "yes" or "no" for questions a through d. Any applicable information not provided may result in denial of this application or legal action later to revoke this licensure.
10. **CERTIFICATION:** Have appropriate person(s) read, sign, and date section 10 of the application. Your signature affirms that all statements are true and correct. Any false statement made on this application may result in denial of the application or legal action later to revoke the license.

REQUIRED EQUIPMENT: All equipment required per Division 33 of Title 16 of the California Code of Regulations Section 3321 must be on the premises in proper working order and in calibration in accordance with type of station license.

Please Note: in order to operate as a brake station, a licensed brake adjuster with the appropriate license for the work being performed is required to be on the premises at all times.

IMPORTANT

All information requested 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 licensure as a brake station. Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.

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) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-445 (42 USCA 405(c)(2)(C) authorizes collection of your SSN/ITIN. Your SSN/ITIN 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, your application will not be processed And you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Per Business and Professions Code Section 9888.3, "No person shall operate an official lamp or brake adjusting station unless a license therefore has been issued by the director."

ADDITIONAL INFORMATION

APPLICATION FOR LICENSURE:

Complete the attached application. Give all applicable information, as requested in the instructions. Send the completed application and the \$10 fee for each business location to the Department of Consumer Affairs at the address listed on the application. After your license is approved and processed, you will be mailed a license. 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. When a change in the business ownership takes place, you must cease operating as an automotive repair dealer and brake station and submit new applications and fees.

RENEWAL OF LICENSE:

You must renew your license by submitting an Application for Renewal every year. The Department of Consumer Affairs may mail you a courtesy notice approximately 60 days before expiration of your current license. However, if you do not receive a renewal notice, you are still responsible for renewing your license. If you renew your license after the date of expiration, you will be charged a late fee of \$2.50.

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.

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.privacy.ca.gov.