



## 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 type (Complete items 2 and 6)
- Change of physical address (Complete items 2, 3, and 6)
- Change of mailing address (Complete items 2, 4, and 6)
- Change of corporate officers or directors (Complete items 2, 5, and 6)

<i>Department Use Only</i>
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 UNIT AT THE ABOVE ADDRESS.**

<b>Current Business Name</b> <i>(Required)</i>	<b>License or Registration Number</b> <i>(Required)</i>
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*Please type or print legibly*

<p><b>1. Change of Name and/or Motor Vehicle License Plate Number</b> <i>(Provide NEW business name and/or motor vehicle license plate number.)</i>  <b>NOTE:</b> The motor vehicle license plate number is included as part of the mobile ARD business name that must be shown on all invoices and advertisements.</p>
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<p><b>2. Business Type</b> <i>(Indicate the primary and secondary business types using the list on page 2.)</i></p> <p>a) Primary Business Type: _____ b) Secondary Business Type (if applicable): _____</p>
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<b>3. Change of Physical Address</b>					
	Number and Street	City	State	Zip Code	Phone Number
From:					
	Number and Street	City	State	Zip Code	Phone Number
To:					

<b>4. Change of Mailing Address</b> <i>(If different from physical address)</i>					
	Number and Street	City	State	Zip Code	Phone Number
From:					
	Number and Street	City	State	Zip Code	Phone Number
To:					

<b>5. Change of Corporate Officers or Directors</b> <i>(NOTE: If your corporation number has changed, you must reapply.)</i>				
	From	To	Driver License #	Social Security #
PRESIDENT				
SECRETARY				
TREASURER				

<b>6. Certification</b>	
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 _____
<small>Owner, Partner, Corporate Officer or Member</small>	

**BUSINESS TYPE:**

Identify the primary and secondary business type(s) from the list below and indicate the corresponding number(s) in item 2.

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