



## BUSINESS PARTNER AUTOMATION APPLICATION FIRST-LINE SERVICE PROVIDER

### I. APPLICATION FOR FIRST-LINE SERVICE PROVIDER

DOING BUSINESS AS (DBA)

STREET ADDRESS CITY STATE ZIP CODE

IRS FEDERAL TAX ID NUMBER: \_\_\_\_\_

### II. TYPE OF APPLICATION

☐ Sole Owner ☐ Partnership ☐ Association ☐ Corporation ☐ Limited Liability Company (LLC)

### III. SOLE OWNER OR CORPORATE NAME

OWNER/OR CORPORATION AS FILED WITH THE SECRETARY OF STATE

CORPORATION NUMBER

STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS CITY STATE ZIP CODE

### IV. CONTACT PERSON (*Must be authorized designee of the firm.*)

LAST NAME FIRST MIDDLE

STREET ADDRESS AND/OR MAILING ADDRESS IF DIFFERENT CITY STATE ZIP CODE

TELEPHONE NUMBER FAX NUMBER E-MAIL ADDRESS

### V. AGENT FOR SERVICE OF PROCESS (*Required if physical address is located out of state.*)

NAME OF FIRM

DESIGNEE'S NAME (*PLEASE PRINT*) LAST FIRST MIDDLE

STREET ADDRESS CITY STATE ZIP CODE

### VI. ESTIMATED VOLUME OF VEHICLE REGISTRATION TRANSACTIONS YOU WILL PROCESS ANNUALLY

Estimated Annual Volume: \_\_\_\_\_

### VII. BPA ADMINISTRATIVE STAFF (*Attach paper if additional space is needed.*)

EMPLOYEE NAME EMPLOYEE NAME

EMPLOYEE NAME EMPLOYEE NAME

EMPLOYEE NAME EMPLOYEE NAME

EMPLOYEE NAME EMPLOYEE NAME

### VIII. LIST THE PHYSICAL LOCATION WHERE YOUR BPA INTERFACE SERVICES AND HARDWARE WILL BE LOCATED

STREET ADDRESS CITY STATE ZIP CODE

### IX. CERTIFICATION

***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

PRINTED NAME OF AUTHORIZED AGENT

TITLE

FIRM NAME

TELEPHONE NUMBER

SIGNATURE OF AUTHORIZED AGENT

DATE

**X**

## BUSINESS PARTNER AUTOMATION DECLARATION

\_\_\_\_\_  
(BUSINESS NAME) declares that the following officers, partners, stockholders, and/or directors are the only officers, partners, stockholders, and/or directors who participate in the direction, control and management of the affairs of the Business Partner in the State of California:

NAME	TITLE				EFFECTIVE DATE
	PARTNER	OFFICER	DIRECTOR	PRINCIPAL STOCKHOLDER	

\_\_\_\_\_  
(BUSINESS NAME) declares that the following Limited Liability Company member(s) are the only Limited Liability Company member(s) who participate in the direction, control and management of the affairs of the Business Partner in the State of California:

NAME	EFFECTIVE DATE

I certify that I am the official custodian of the records of this corporation and have the authority to affix the corporate seal.

***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

SIGNATURE <b>X</b>	DATE	TELEPHONE NUMBER
-----------------------	------	------------------

Return the completed application and fee to:

Department of Motor Vehicles  
Business Partner Automation Program  
PO Box 825393, MS C383  
Sacramento, CA 94232-3280