



APPLICATION FOR REPLACEMENT, DUPLICATE OR CORRECTED REPRESENTATIVE LICENSE

No Fee Required

REPORTING CHANGE OF ADDRESS ONLY—Complete reverse side.

FOR DMV USE ONLY
REPRESENTATIVE NUMBER
DATE ISSUED
DATE EXPIRES

INSTRUCTIONS: Mail completed form to: Department of Motor Vehicles, Occupational Licensing Operations, P.O. Box 932342, MS L224, Sacramento, CA 94232-3420.

1. APPLICANT — Type or Print

TRUE FULL NAME AS SHOWN ON YOUR DRIVER LICENSE (PRINT FIRST, MIDDLE, LAST)
TELEPHONE NUMBER
SOCIAL SECURITY NUMBER
MAILING ADDRESS
RESIDENCE ADDRESS
PHYSICAL DESCRIPTION
Sex: Color Hair: Color Eyes: Height: Ft. In. Weight: lbs. Birthdate:
CALIFORNIA DRIVER LICENSE NUMBER
EXPIRATION YEAR
DATE EXPIRES

2. EMPLOYER — This information must be the same as Employer's License

NAME (PRINT FIRST, MIDDLE, LAST)
LICENSE NUMBER
FIRM NAME (PRINT)
(NUMBER AND STREET)
CITY
STATE
ZIP CODE

3. REPLACEMENT IS DUE TO — Check one

- Loss
Theft
Mutilation
Non Receipt of License (due to address change)
Non Receipt of License (no address change)
Change of Name (enter new name in number 1 above) and give previous name
Correction to Name (misspelled)
Correction to Description

4. APPLICANT'S CERTIFICATION

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

SIGNATURE
DATE
X



**REPRESENTATIVE  
CHANGE OF ADDRESS**

REPRESENTATIVE NUMBER
NAME

**Instructions:**

1. Fill in your Representative License Number in the space at the top of the form.
2. Print your name as it appears on your license.
3. Give employer's name, address and occupational license number as it appears on the license.
4. Complete the form by placing your signature on the bottom line.
5. Write new address on the reverse side of your license.
6. Mail completed report of address change to Department of Motor Vehicles, Licensing Operations Section, P. O. Box 932342, MS L224, Sacramento, CA 94232-3420.

**IMPORTANT — DO NOT** send your license with the report of change of address.

**PLEASE REPORT A CHANGE OF RESIDENCE ADDRESS TO THE DEPARTMENT WITHIN FIVE DAYS.**

NAME (PRINT LAST, FIRST, MIDDLE)	BIRTHDATE
NEW MAILING ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER (      )
NEW RESIDENCE ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)	
DATE OF ADDRESS CHANGE	SOCIAL SECURITY NUMBER
EMPLOYED BY (FIRM NAME)	OCCUPATIONAL LICENSE NUMBER
ADDRESS (NUMBER AND STREET, CITY, STATE)	
REPRESENTATIVE SIGNATURE <b>X</b>	DATE

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

**Applicant Initials** \_\_\_\_\_