STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

BUREAU OF AUTOMOTIVE REPAIR – LICENSING UNIT
PO Box 989001, West Sacramento, CA 95798-9001
P (855) 735-0462 F (855) 641-9982 | www.bar.ca.gov

AUTOMOTIVE REPAIR DEALER REGISTRATION APPLICATION

FEE: $200.00

APPLICATION FOR: Sole Proprietorship
Partnership (Not LP)
Corporation (Not LLC)

For Department Use Only
Registration Number: _____
Issue Date: _____
Business Type: _____
Receipt Number: _____
ATS Number: _____

INSTRUCTIONS:

1. Read all information, including instructions beginning on page 4, before completing this application.
2. All information requested must be provided pursuant to Business and Professions Code section 9884 and California Code of Regulations section 3351.
3. Submit completed application with all requirements and fees to the Bureau of Automotive Repair (BAR) Licensing Unit at the above address.
4. Remit fees by check or money order made payable to the Bureau of Automotive Repair. **FEES ARE NON-REFUNDABLE PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 158.**

Please type or print legibly in ink.

1. Name of Business: (DBA / AS SHOWN ON INVOICES AND ADVERTISEMENTS)

2. Name of Corporation: (AS FILED WITH THE OFFICE OF THE CALIFORNIA SECRETARY OF STATE) | 3. Corporation Number:

4. Federal Employer Identification Number:

5. Business Address: Number and Street | Suite or Unit # | City | State | Zip Code

6. Mailing Address: Number and Street or PO Box | Suite or Unit # | City | State | Zip Code

7. Business Area Code and Telephone Number:

8. List all Owners, Directors, Officers, Partners, Members, Trustees, Responsible Managing Employee (RME), and other persons who directly or indirectly control or conduct the business (attach additional pages if necessary). If a PARTNERSHIP, list all partners. If a CORPORATION, list all officers and directors, (i.e., President, Secretary, and Treasurer). If a TRUST, list all trustees. Enter full legal names (NO INITIALS). If a legal name contains initials only, so state.

Full Name: Last | First | Middle | Title:

Social Security Number/Individual Taxpayer Identification Number: | Driver License Number: | Contact Telephone Number:

Contact Address: Number and Street | City | State | Zip Code

Full Name: Last | First | Middle | Title:

Social Security Number/Individual Taxpayer Identification Number: | Driver License Number: | Contact Telephone Number:

Contact Address: Number and Street | City | State | Zip Code

Full Name: Last | First | Middle | Title:

Social Security Number/Individual Taxpayer Identification Number: | Driver License Number: | Contact Telephone Number:

Contact Address: Number and Street | City | State | Zip Code

9. Military Verification:

a. Are you currently serving or have you previously served in the U.S. military? ☐ YES ☐ NO

b. Are you married to or in a domestic partnership or other legal union with an active duty member of the U.S. military assigned to a duty station in California under official active duty military orders? ☐ YES ☐ NO

10. Background: (Attach additional pages if necessary.)

a. CRIMINAL AND CIVIL VIOLATIONS:

Pursuant to Business and Professions Code sections 480 and 490, has any person listed in section 8 ever been an Owner, Director, Officer, Partner, Member, Trustee, or Responsible Managing Employee of a Sole Proprietorship, Partnership, Corporation, Limited Liability Company, or Limited Partnership that has been convicted of any offense or entered a plea of nolo contendere in this or any other state in the United States? ☐ YES ☐ NO

Has any person listed in section 8 ever had a Smog Check Inspector/Repair Technician, Lamp Adjuster, or Brake Adjuster license issued by BAR **and** been convicted of any offense or entered a plea of nolo contendere in this or any other state in the United States? ☐ YES ☐ NO

If YES to either question, you must attach a DETAILED statement that includes the crime for which there was a conviction, the approximate date and location of the crime, and sentence served, if any. (For the purpose of this question, "offense" does not apply to minor traffic violations.)

b. ADMINISTRATIVE DISCIPLINE:

Has any person listed in section 8 ever been an Owner, Director, Officer, Partner, Member, Trustee, or Responsible Managing Employee (RME) of a Sole Proprietorship, Partnership, Corporation, Limited Liability Company, or Limited Partnership that had an Automotive Repair Dealer registration, Smog Check Station license, Lamp or Brake Station license, or STAR certification denied, suspended, revoked, or placed on probation by BAR or that was issued a citation by BAR? ☐ YES ☐ NO

Has any person listed in section 8 ever had a Smog Check Inspector/Repair Technician, Lamp Adjuster, or Brake Adjuster license issued by BAR that was denied, suspended, revoked, or placed on probation by BAR or that was issued a citation by BAR? ☐ YES ☐ NO

If YES to either question, you must attach a DETAILED statement that includes each registration, license, and/or certification number disciplined and a description of the discipline imposed on that registration, license, and/or certification.

c. Does any person listed in section 8 have a **CURRENT** Automotive Repair Dealer registration, Smog Check Station license, Lamp or Brake Station license, or STAR certification? If YES, list the business name(s) and registration and/or license number(s): ☐ YES ☐ NO

Does any person listed in section 8 have a **CURRENT** Smog Check Inspector/Repair Technician, Lamp Adjuster, or Brake Adjuster license? If YES, list the license number(s): ☐ YES ☐ NO

d. Has any person listed in section 8 ever had a **PRIOR** Automotive Repair Dealer registration, Smog Check Station license, Lamp or Brake Station license, or STAR certification? If YES, list the business name(s) and registration and/or license number(s): ☐ YES ☐ NO

Has any person listed in section 8 ever had a **PRIOR** Smog Check Inspector/Repair Technician, Lamp Adjuster, or Brake Adjuster license? If YES, list the license number(s): ☐ YES ☐ NO

e. Is this a change of ownership? If YES, you must provide proof of sale. ☐ YES ☐ NO

11. Seller Permit Number, City/County Business License, and Hazardous Waste Number: (If not applicable, indicate "N/A" or "Exempt.")

a. Seller Permit Number: _____

b. Business License Number: _____

c. Hazardous Waste Identification Number: _____

12. Type of Ownership: (Check one box only.)

☐ Sole Proprietorship ☐ Partnership ☐ Corporation

13. Type of Business: (Indicate your primary and secondary business types using the list below.)

a. Primary Business Type: _____ b. Secondary Business Type: _____

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

c. If you are an Auto Body and/or Paint Shop, do you have the required permits, licenses, and equipment to operate an Auto Body and/or Paint Shop? (See Section 3351.5 (a) and (b) of the California Code of Regulations for requirements.) ☐ YES ☐ NO

d. Pursuant to Business and Professions Code section 9889.52, an application for registration as an Auto Body and/or Paint Shop may be required by law to have a spray booth permit. If required, provide the permit number and attach a copy of the supporting documents.

Spray Booth Permit Number: _____

14. 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 section 8 must sign.

PLEASE NOTE: Pursuant to Business and Professions Code section 9884.6 (a), you may not perform any activities at this location for which you are required to possess a valid Automotive Repair Dealer (ARD) registration, until an ARD registration is issued. In addition, Section 9884.4 states that an ARD registration shall cease to be valid when the Director finds that any of the information provided by this form ceases to be current. Furthermore, California Code of Regulations section 3351 requires that the application shall be accompanied by the registration fee and any evidence, statements, or documents required on the application.

I certify under penalty of perjury under the laws of the State of California that all the statements made in this application and all attached supporting documents pertaining to this application are true and correct.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

INSTRUCTIONS FOR COMPLETING AUTOMOTIVE REPAIR DEALER REGISTRATION APPLICATION

Complete this Automotive Repair Dealer Registration Application in accordance with the instructions below and include additional pages and documents as necessary. ***Send a separate completed application and $200.00 fee to the address listed on the first page of the application for each business location.*** BAR cannot consider an application for registration or renewal unless all requested information is provided. If your application does not contain all required information, a deficiency letter requesting the missing information and/or supporting documents will be sent to you. A registration will be mailed to the address of record after your application is approved and processed.

SECTIONS 1 – 14

1. NAME OF BUSINESS: Provide the exact name under which the business will be conducted. This same name should be shown on invoices and advertisements.
2. NAME OF CORPORATION: Provide 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.)
3. 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.)
4. FEDERAL EMPLOYER IDENTIFICATION NUMBER: Provide the Federal Employer Identification Number (FEIN) assigned by the Internal Revenue Service. The FEIN must be in an active status.
5. BUSINESS ADDRESS: Provide the physical address where business is conducted. PO boxes are not permitted. If your business is located at an address that has multiple shops, you must provide the unit/suite number since each business must have a unique address. All licenses are mailed to the business address. The business address must be shown on invoices and advertisements. The business address will be disclosed on BAR's website as the address of record.
6. MAILING ADDRESS: Complete only if you wish to receive correspondence at an address other than the business address. **If you provide a mailing address, renewal notices will be sent only to this address**.
7. BUSINESS AREA CODE AND TELEPHONE NUMBER: Provide the area code and telephone number of the location where repair business is conducted.
8. LIST ALL OWNERS, DIRECTORS, OFFICERS, PARTNERS, MEMBERS, TRUSTEES, AND RESPONSIBLE MANAGING EMPLOYEE: Pursuant to Business and Professions Code section 9884, an automotive repair dealer shall identify the Owners, Directors, Officers, Partners, Members, Trustees, Responsible Managing Employee, and other persons who directly or indirectly control or conduct the business.
    - Sole Proprietorship: If the business is owned by one individual, list the full name, title (i.e., Owner), Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), driver license number, contact area code and telephone number, and contact address of the owner.
    - Partnership: If the business is a partnership (two or more individuals), list the full name, title (i.e. Partner), SSN/ITIN, driver license number, contact area code and telephone number, and contact address for each partner of the business.
    - Corporation: If the business is a corporation, list the full name, title (i.e. President, Secretary, Treasurer, etc.), SSN/ITIN, driver license number, contact area code and telephone number, and contact address for each officer and director of the business. **If the same person holds all corporate offices, you must state so on the application.**
    - Trust: If the business is a trust, list the full name, title (i.e., Trustee), SSN/ITIN, driver license number, contact area code and telephone number, and contact address for each trustee.
9. MILITARY VERIFICATION: Expedited application assistance is available for current or former United States military personnel and spouses or domestic partners of active duty or reserve military personnel. A waiver of renewal requirements is available for active duty or reserve military personnel. To apply for expedited application assistance or a renewal requirement(s) waiver, you must submit required documentation as specified at www.bar.ca.gov. (See Health and Safety Code section 44031.5(d) and Business and Professions Code sections 114.3 and 115.5).
10. BACKGROUND: This section must be completed in its entirety. Select "YES" or "NO" for questions (a) through (e). Any relevant information not provided may result in denial of this application or legal action later to revoke the registration.

11. SELLER PERMIT NUMBER, CITY/COUNTY BUSINESS LICENSE, and HAZARDOUS WASTE IDENTIFICATION NUMBER. If not applicable, indicate “N/A” or “Exempt.”
    - Seller Permit Number: Provide the seller permit number as assigned by the California Board of Equalization.
    - City/County Business License: Provide the business license number as assigned by the local city or county official of that jurisdiction. If the office or jurisdiction does not require a business license, attach a detailed statement dated and signed by a person listed in section 8 of the application.
    - Hazardous Waste Identification Number: Provide the hazardous waste identification number as assigned by the United States or California Environmental Protection Agency.
12. TYPE OF OWNERSHIP: Select only one type of ownership: Sole Proprietorship, Partnership, or Corporation. This application is not to be used by a Limited Liability Corporation (LLC). Please visit www.bar.ca.gov or call (855) 735-0462 to obtain the appropriate LLC application.
13. TYPE OF BUSINESS: Using the list provided, indicate the primary and secondary business types. Select "YES" or "NO" for question (c). If YES, provide the spray booth permit number as assigned by the local Air Quality Management or Air Pollution Control District in item (d) and attach a copy of the supporting documents.
14. CERTIFICATION: The appropriate person(s) must read, sign, and date section 14 of this application. Signatures affirm that all statements are true and correct. Any false statements made on this application may result in denial of this application or legal action later to revoke the registration.

ADDITIONAL INFORMATION

TYPE OF REPAIR BUSINESS REQUIRED TO REGISTER

A valid registration is required for any business that performs, for compensation, tests or repairs to, maintenance of, or diagnosis of malfunctions of any of the following automotive or motorcycle components:

- AIR CONDITIONING SYSTEM
- BODY AND FRAME
- BRAKES
- CLUTCH
- DRIVE TRAIN ASSEMBLY
- ELECTRICAL SYSTEM
- ENGINE
- SUSPENSION
- TRANSMISSION
- STEERING GEAR
- EMISSION CONTROL SYSTEM
- FUEL SYSTEM
- HEATER SYSTEM
- GLASS COMPONENTS
- OTHER AUTOMOTIVE OR MOTORCYCLE COMPONENTS (not specifically excluded)

TYPE OF REPAIR BUSINESS NOT REQUIRED TO REGISTER

No registration is required for the following:

- A business that services only vehicles other than passenger vehicles.
- A fleet owner repairing only fleet vehicles.
- A business that performs only minor maintenance services to motor vehicles.
- Machine shops that meet all of the following criteria:
    1. Primary business is the wholesale supply of new or rebuilt automotive parts; and
    2. Solely engages in the remanufacturing of individual automotive parts without compensation for warranty adjustments; and
    3. Does not engage in repairing or diagnosing malfunctions of motor vehicles or motorcycles.

CHANGE OF BUSINESS NAME, ADDRESS, OR CORPORATE OFFICERS

If there is a change to your business name, address, or corporate officers, please call (855) 735-0462 to request a Change of Name/Address/Corporate Officers form or access the form on BAR’s website. BAR must be notified within 14 days of the change of business name, address, or corporate officers per Title 16, California Code of Regulations section 3351.1(d).

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 ARD and the new owner must submit a new application with the applicable fee.

RENEWAL OF REGISTRATION

An ARD registration must be renewed annually by submitting a renewal notice and the applicable fees. The Department of Consumer Affairs mails a courtesy notice approximately 90 days before expiration of a registration. **However, if a renewal notice is not received, owners are still responsible for renewing the registration.** If a registration is renewed after the date of expiration, the registrant will be charged a late fee of $50.00.

LIMITED LIABILITY COMPANY

If the business is a Limited Liability Company (LLC), you must apply on a separate Automotive Repair Dealer application for an LLC. To obtain an LLC application, please visit www.bar.ca.gov or call (855) 735-0462.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

COLLECTION AND USE OF PERSONAL INFORMATION

- BAR and DCA use the personal information requested on this form to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation. BAR is authorized to collect this information 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 Title 16, California Code of Regulations section 3306.
- Pursuant to Business and Professions Code section 27, the address of record is a public record and will be posted on BAR's website.
- **Pursuant to Business and Professions Code section 30, disclosure of the applicant's Social Security Number (SSN)/Individual Taxpayer Identification Number (ITIN) is mandatory. Applications submitted without a SSN/ITIN will not be processed and the applicant will be reported to the Franchise Tax Board, which may assess a $100.00 penalty.**

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION

BAR and DCA make every effort to protect personal information provided. However, the information provided may be disclosed in the following circumstances:

- In response to a Public Records Act 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 State Board of Equalization 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.

ACCESS TO PERSONAL INFORMATION

Pursuant to California Civil Code section 1798 et seq. (Information Practices Act), the Director of DCA is responsible for maintaining the information on this application. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by California Civil Code section 1798.40.

CONTACT INFORMATION

For questions about this notice or access to your records, you may contact the Bureau of Automotive Repair Licensing Unit at 10949 North Mather Boulevard, Rancho Cordova, CA 95670 or by phone at (855) 735-0462. 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, Toll Free (800) 952-5225, www.privacy.ca.gov.