



Bureau of Automotive Repair

**Bureau of Automotive Repair Licensing**

10240 Systems Parkway, Sacramento, CA 95827

P (916) 255-3145 F (916) 255-4482 | www.smogcheck.dca.ca.gov

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**CHANGE OF NAME/ADDRESS/CORPORATE OFFICERS OR DIRECTORS**

**CHANGE TYPE:** *Please check applicable box(es)*

- Change of name (Complete items 1, 2, and 6)
- Change of physical address (Complete items 1, 3, and 6)
- Change of mailing address (Complete items 1, 4, and 6)
- Change of corporate officers or directors (Complete items 1, 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.**

Current Business Name
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*Please type or print legibly*

1. License or Registration Number				
2. Change of Name		From:	To:	
3. Change of Residence or Business Address ( <i>Please check <input type="checkbox"/> residence or <input type="checkbox"/> business</i> )				
<small>Number and Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>	<small>Phone Number</small>
From:				
<small>Number and Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>	<small>Phone Number</small>
To:				
4. Change of Mailing Address ( <i>If different from physical address</i> )				
<small>Number and Street or Post Office Box</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>	
From:				
<small>Number and Street or Post Office Box</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>	
To:				
5. Change of Corporate Officers ( <i>Provide the old officer's name and the new officer's name and Drivers License Number</i> ) and Corporation Number:				
PRESIDENT	From:	To:	Drivers License #	
SECRETARY	From:	To:	Drivers License #	
TREASURER	From:	To:	Drivers License #	
6. Certification				
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 _____	
Licensed Technician, Adjuster, Owner, or Corporate Officer				