



Bureau of Automotive Repair Licensing Unit
P.O. Box 989001, West Sacramento, CA 95798-9001
P (855) 735-0462 F (855) 641-9982 | www.smogcheck.ca.gov



CHANGE OF NAME/ADDRESS/CORPORATE OFFICERS

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 (Complete items 1, 5, and 6)

Department Use Only
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

Please type or print legibly

1. License or Registration Number
2. Change of Name From: To:
3. Change of Residence or Business Address (Please check Residence or Business)
4. Change of Mailing Address (If different from physical address)
5. Change of Corporate Officers (Provide the old officer's name and the new officer's name and Driver's License Number):
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
Owner, Partner, Corporate Officer or Member