



BUSINESS PARTNER AUTOMATION PROGRAM SERVICE PROVIDER CHANGE FORM

SECOND-LINE BUSINESS PARTNER COMPANY NAME			
STREET ADDRESS		CITY	STATE ZIP CODE
OCCUPATIONAL LICENSE NUMBER			TELEPHONE NUMBER ()
OFFICE/SITE IDENTIFICATION NUMBER(S)			
CURRENT SERVICE PROVIDER		NEW SERVICE PROVIDER	
EFFECTIVE DATE OF CHANGE (MUST BE AT LEAST 30 DAYS FROM DATE SUBMITTED)		CURRENT PERMIT EXPIRATION DATE	
REASON FOR CHANGING SERVICE PROVIDERS (<i>FOR DMV PURPOSES ONLY</i>)			

HAVE YOUR FLOOR PLANS CHANGED (*IF YES, NEW FLOOR PLANS AND NARRATIVE MUST BE SUBMITTED. IF NO, PLEASE SIGN THE CERTIFICATION BELOW.*)

Yes No

I certify (or declare) under penalty of perjury under the laws of the State of California that there have been no physical changes to the floor plan of this address:

I fully understand this is a change of my Service Provider only. This does not change the processing capabilities I currently have.

COMPANY NAME	TITLE OF AUTHORIZED AGENT
PRINTED NAME OF AUTHORIZED AGENT	EMAIL ADDRESS
SIGNATURE OF SECOND-LINE BUSINESS PARTNER AUTHORIZED AGENT X	DATE

Return completed application to:

Business Partner Automation Program
Administrative Manager
2415 1st Avenue MS C-383
Sacramento CA 95818