



# Department of Motor Vehicles

## Dealer, Mail & Fleet Division Tag & Title Service Annual Information Update

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Print as shown on driver's or business license \_\_\_ Sole Proprietor \_\_\_ Partnership \_\_\_ Corporation

Home Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

\_\_\_\_\_  
Street address (no P.O. boxes)

\_\_\_\_\_  
Street address (no P.O. boxes)

\_\_\_\_\_  
City, state and zip code

\_\_\_\_\_  
City, state and zip code

Home Phone: \_\_\_\_\_ County of Business License: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Bonded? \_\_\_ Yes \_\_\_ No

**Submit a photocopy of your driver's license and a photocopy of all employees' driver's licenses who process paperwork for your company.**

List all employees' names currently employed by your business:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all company names and addresses you are processing documents for other than your own company. Continue on the back, if required.

Company Name: _____	Company Address: _____
_____	_____
_____	_____
_____	_____

I hereby certify that the information provided is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date