



## WHOLESALE REPORT OF SALE, REG. 396 ORDER FORM

**Instructions:**

- Print clearly in black ink or type.
- This order form will only be accepted for ordering Wholesale Report of Sales. Separate order forms are available for each type. Any changes made to this order form for a different type will **not** be accepted, and incomplete order forms will **not** be filled.
- Mail completed order form to: Department of Motor Vehicles, Occupational Licensing Section, Mail Station L224, P.O. Box 932342, Sacramento, CA 94232-3420

**Important:** Pursuant to Section 11713(m) CVC, No holder of any license issued under this Article shall do any of the following:

*Permit the use of the dealer's license, supplies, or books by any other person for the purpose of permitting that person to engage in the purchase or sale of vehicles required to be registered under this code, or permit the use of the dealer's license, supplies, or books to operate a branch location to be used by any other person, whether or not the licensee has any financial or equitable interest or investment in the vehicles purchased or sold by, or the business of, or branch location used by, the other person.*

Please send \_\_\_\_\_ Wholesale Report of Sales to:  
NUMBER OF SHEETS

FIRM NAME			FIRM NUMBER		
FIRM ADDRESS			MAIL TO ADDRESS (If authorized by DMV)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

Please enter the first number, the last number, and dates of Wholesale Report of Sales used for a 12-month period prior to the date of this request. The number of report of sales requested may be reduced based on usage reported for the last 12-month period.

FIRST WHOLESALE REPORT OF SALE NUMBER	DATE	LAST WHOLESALE REPORT OF SALE NUMBER	DATE
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**I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**IMPORTANT: Must be signed by a sole owner, partner, corporate officer, or managing member of record.**

PRINTED NAME	TITLE	AREA CODE/TELEPHONE NUMBER (    )
SIGNATURE <b>X</b>		DATE

**Note:** Allow 4 – 6 weeks to process your order. Courier Service will deliver all orders. Someone must be present to receive and sign for shipment.

If the above address differs from our records, this order will not be filled. Contact an Inspector for assistance with your change of address.

FOR DEPARTMENTAL USE ONLY – Complete this section when issuing Wholesale Report of Sales.				
BEGINNING NUMBER	ENDING NUMBER	REISSUED	ISSUING EMPLOYEE'S PRINTED NAME	ID NUMBER
BEGINNING NUMBER	ENDING NUMBER	REISSUED	ISSUING EMPLOYEE'S SIGNATURE <b>X</b>	OFFICE/REGION
AUTHORIZED AGENT NAME (ONLY REQUIRED FOR OFFICE PICK-UPS)			AGENT SIGNATURE <b>X</b>	DATE

