



APPLICATION FOR FLEET OWNER INSPECTION AND MAINTENANCE STATION LICENSE

CHP 361N (REV. 04-11) OPI 062

Please print or type

REASON FOR APPLICATION <input type="checkbox"/> Initial license (\$10.00) <input type="checkbox"/> New license - majority change in ownership or control (\$10.00) <input type="checkbox"/> Renewal (\$5.00) <input type="checkbox"/> Late renewal (\$10.00) <input type="checkbox"/> Duplicate - license lost or destroyed (\$5.00) <input type="checkbox"/> Replacement - correction or change of name and/or address only (no fee, attach current license) <input type="checkbox"/> Amended - minority change in ownership/control or change in maintenance superintendent/alternate (no fee)	APPLICANT NAME (COMPANY NAME)		FEDERAL EMPLOYER I.D. NUMBER (EIN) (IF NONE, LEAVE BLANK)		
	OWNERSHIP INFORMATION (MARK ONLY ONE) <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL - PROVIDE DRIVER'S LICENSE NUMBER AND STATE:				
	NAME CHANGE (IF THIS IS A NAME CHANGE, ENTER PREVIOUS NAME)		TELEPHONE NUMBER (INCLUDE AREA CODE)		
	ADDITIONAL NAME THE COMPANY IS DOING BUSINESS AS (IF NO DBA LEAVE BLANK)		MAIL LICENSE ATTENTION:		
	INSPECTION AND MAINTENANCE STATION ADDRESS		CITY	STATE	ZIP CODE
	MAILING ADDRESS		CITY	STATE	ZIP CODE

CALIFORNIA CARRIER IDENTIFICATION NUMBER	TERMINAL FILE CODE NUMBER	CHP IMS LICENSE NUMBER AND EXPIRATION DATE	CALIFORNIA CORPORATION NUMBER (IF APPLICABLE)	TOTAL VEHICLES OPERATED
CA-		#Error		Powered : Towed:

APPLICANT BACKGROUND		*YES	NO
a. Has the applicant ever been issued a similar license by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government? (Other than a renewal of this license)			
b. Has the applicant ever had any license denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?			
c. Has the applicant ever been a partner, officer, director or controlling shareholder in a company or corporation whose license was denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?			

***EXPLAIN ALL YES ANSWERS ON THE REVERSE SIDE OF THIS FORM**

Provide the date and rating of the last mandatory annual bus terminal inspection performed pursuant to §34501(c) of the California Vehicle Code (CVC) or the Biennial Inspection of Terminals (BIT) program for truck operators performed pursuant to §34501.12(d) CVC. Date: _____ Rating: _____
 Truck operators must provide a valid Motor Carrier of Property Permit expiration date: _____

The licensee shall provide the Department with a list including the names and signatures of the superintendent of maintenance and any alternates who have been authorized to certify correction of violations indicated on enforcement documents. The licensee shall notify the Department in writing, within 14 days, of any changes of the listed personnel and the dates on which the changes occurred. (Provide information below. Additional names may be included on the reverse of the form).

PRINT OR TYPE NAME AND TITLE	SIGNATURE	DATE OF CHANGE

CERTIFICATION AND APPLICANT SIGNATURE

It is agreed that the licensed activity will be conducted in compliance with all applicable laws and regulations, and that the applicant is aware of all applicable California laws and regulations pertaining to motor carrier safety and vehicle equipment requirements. It is understood that violation of any law or regulation may result in the filing of a criminal action in a court of law or the filing of an administrative action to suspend or revoke the license. It is also understood that misrepresentation of a material fact in conjunction with this application is a misdemeanor of the California Vehicle Code, and may result in denial, or revocation of the license.

AUTHORIZED SIGNATURE	PRINT OR TYPE NAME AND TITLE	DATE
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TO BE COMPLETED BY THE CALIFORNIA HIGHWAY PATROL MOTOR CARRIER SAFETY UNIT FOR INITIAL LICENSE

ISSUANCE OF LICENSE RECOMMENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MCS SIGNATURE AND I.D. NUMBER	LOCATION CODE	DATE
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FOR CHP USE ONLY

POSTMARK DATE	CHECK NUMBER	AMOUNT RECEIVED	ID NUMBER
MCP PERMIT STATUS	LICENSE NUMBER	CONTROL NUMBER	ISSUE/EXPIRATION DATE

LICENSEE NAME AND MAILING ADDRESS	INSTRUCTIONS TO APPLICANT
ATTENTION:	MAIL THE ORIGINAL COMPLETED FORM(S) WITH REQUIRED FEE TO: CALIFORNIA HIGHWAY PATROL COMMERCIAL VEHICLE SECTION - IMS LICENSING P.O. BOX 942902 SACRAMENTO, CA. 94298-2902