



APPLICATION FOR FLEET OWNER INSPECTION AND MAINTENANCE STATION LICENSE

CHP 361N (Rev. 4-12) 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) 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: IF THIS IS A NAME CHANGE, ENTER PREVIOUS NAME ADDITIONAL NAME THE COMPANY IS DOING BUSINESS AS (IF NO DBA LEAVE BLANK) INSPECTION AND MAINTENANCE STATION ADDRESS CITY STATE ZIP CODE MAILING ADDRESS CITY STATE ZIP CODE	FEDERAL EMPLOYER I.D. NUMBER (EIN) (IF NONE, LEAVE BLANK) - SOCIAL SECURITY NUMBER (SSN) (MUST BE PROVIDED FOR INDIVIDUALS) TELEPHONE NUMBER (INCLUDE AREA CODE) MAIL LICENSE ATTENTION: TOTAL VEHICLES OPERATED POWERED: TOWED:		
CALIFORNIA CARRIER IDENTIFICATION NUMBER CA-	TERMINAL FILE CODE NUMBER	CHP IMS LICENSE NUMBER AND EXPIRATION DATE	CALIFORNIA COROPRATION NUMBER (IF APPLICABLE)	TOTAL VEHICLES OPERATED

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 bus terminal inspection performed pursuant to §34501(c) of the California Vehicle Code (CVC) or the Biennial Inspection of Terminals (BIT) 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. State law allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Department and requires a licensee to pay any state tax obligation, or their license may be withheld or suspended if the state tax obligation is not paid.

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 ALL INITIAL LICENSES

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

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 ATTENTION:	INSTRUCTIONS TO APPLICANT MAIL THE ORIGINAL COMPLETED FORM(S) WITH REQUIRED FEE TO: CALIFORNIA HIGHWAY PATROL COMMERCIAL VEHICLE SECTION - IMS LICENSING P.O. BOX 942898 SACRAMENTO, CA 94298-0001
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