



# COMMERCIAL INSURANCE NOTIFICATION

FOR DMV USE ONLY			
REVIEWED BY			
OFFICE	DATE	ID#	TECH INITIALS

## A. VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER		VEHICLE MAKE
LICENSE PLATE NUMBER (IF AVAILABLE)	CA NUMBER (IF AVAILABLE)	YEAR MODEL

## B. INSURANCE INFORMATION

NAME OF INSURED	
NAME OF INSURANCE COMPANY	NAIC NUMBER
COMMERCIAL POLICY NUMBER	POLICY EXPIRATION DATE

## C. SIGNATURE

**I certify under penalty of perjury under the laws of the State of California that the above information is true and correct.**

EXECUTED IN (CITY)	DATE
SIGNATURE	DAYTIME TELEPHONE NUMBER
<b>X</b>	( )
PRINTED NAME OF PERSON SIGNING	

REG 5085 (NEW 9/2006) WWW

CUT ON LINE AND KEEP THIS PART FOR YOUR RECORDS



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