



Dealer Transmittal

→ Complete all information

Dealership name		Dealer number
Contact name		Contact phone number

Number of applications	Date submitted to DMV
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Payment option (check one):

Enclosed check - check #: _____
 E-check
 Pre-pay account

Comments

DMV Office Use Only

Approved by	Processed by	Date processed	Amount paid \$
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Number of applications processed	Number of applications rejected
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Comments
