

## NOTIFICATION OF ALTERNATIVE FORMS OF FINANCIAL RESPONSIBILITY

California requires that financial responsibility be maintained on any vehicle that is operated or parked on California roadways.

If you received a Notice of Intent to Suspend letter, DMV does not have a record of insurance coverage for the vehicle. Complete this form to identify the vehicle and return to DMV with a copy of the evidence of coverage.

Mail this completed form **with attachments** to: **DMV – Vehicle Insurance Program (VIP) Unit**  
**Mail Station N305**  
**P.O. Box 997408**  
**Sacramento, CA 95899-7408**

### SECTION 1 — VEHICLE INFORMATION

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

### SECTION 2 — VEHICLE COVERAGE

**My vehicle is covered by one of the following: (Check box and complete section)**

☐ **COMMERCIAL INSURANCE** (A commercial/business liability insurance policy) – Submit a copy of the fleet insurance identification card or a copy of the Declarations Page of your policy with this form.

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

☐ **CASH DEPOSIT** – Submit a copy of the DMV acknowledgement letter showing the deposit number with this form.

DEPOSIT NUMBER
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☐ **SELF-INSURANCE** – Submit a copy of the DMV acknowledgement letter with the assigned self-insured number and the expiration date with this form.

SELF INSURANCE NUMBER	EXPIRATION DATE
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☐ **SURETY BOND** – Submit a copy of a current surety bond for \$35,000 from a company licensed to do business in California with this form.

NAME OF INSURED		
NAME OF INSURANCE COMPANY	SURETY BOND NUMBER	EXPIRATION DATE

### SECTION 3 — CERTIFICATION

**I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

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