



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)*

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

DEPOSIT NUMBER

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 | | | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|

SURETY BOND – Submit a copy of a current surety bond for \$75,000 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 | | | | | | | | | | DATE | | | | | | | | | |
| X | | | | | | | | | | | | | | | | | | | |
| PRINTED NAME OF PERSON SIGNING | | | | | | | | | | TELEPHONE NUMBER OR EMAIL ADDRESS | | | | | | | | | |

Privacy Notice on Collection

- DMV collection of personal information is governed by: CA Information Practices Act, *Civil Code* §1798 et seq; *Government Code* (GC) §11015.5; *California Public Records Act* GC §6250 et seq.; *California Vehicle Code* §1808; *Driver's Privacy Protection Act* (18 United States Code §§2721-2725).
- The information collected will not be shared unless required or allowed by law.
- All information on this form is mandatory.
- DMV uses this information to update vehicle registration records with mandatory financial responsibility, or insurance, information.
- Failure to provide mandatory information may result in the inability to update vehicle registration records with insurance information.
- You have the right to review and request corrections/deletions of DMV maintained records containing your personal information.
- Questions about this form should be directed to the Vehicle Insurance Unit, P.O. Box 997408, Sacramento, CA 95899.
- For privacy policy questions or requests contact us at: DMV Chief Privacy Officer, 2415 First Avenue, MS F127, Sacramento, CA 95818 or (916) 657-6340.

