

PRIVATE SERVICE BUREAU TRANSMITTAL FORM

DMV OFFICE USE ONLY							
Date							
Recei	ved:						

Licensed Private Service Bureaus (PSB) **must** complete and submit this form with each batch of work that is submitted to DMV for processing. DMV must reject and return batches of work that do not include this form.

PART 1: PRIV	ATE SERVICE BUREAU	JINFORMATI	ON				
Provide the foll	owing information about	the PSB:					
PSB License Number		PSB Name					
Owner Name		I					
PSB Street Address							
City/Town					State	Zip Code	
Phone Number		Email Address					
PART 2: EMP	LOYEE INFORMATION						
Provide the foll	owing information about	the individual	who is dropping off	the PSB p	aperwork to D	MV:	
Employee Name				Employee Driv	er License/Non-Driver ID Number		
PART 3: CUS	TOMER/SERVICES INF	ORMATION					
Provide the foll	owing information about	the customer	and services render	red:			
Date	Customer Na	me	Services Rend	dered	ed Vehicle Info (Plate or VI		

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IMPORTANTPlease attach a copy of the employee's valid photo document to this form and retain a copy for office records.