

DEPARTMENT OF MOTOR VEHICLES

LICENSING OPERATIONS DIVISION

Driver Licensing Branch

P.O. Box 942890, M/S J233

Sacramento, CA 94290-0001



Telephone: (916) 657-6525

DRIVER LICENSE OR FILE NUMBER

S n
P O Box

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This letter is in response to your request for a termination of action pursuant to §13353.5 of the California Vehicle Code (CVC).

All required documents must be submitted with the application. Incomplete applications will not be processed and will be returned.

The following items are required:

- Application for Termination of Action
- Proof of Out-of-State Residency
- Proof of Financial Responsibility
- Declaration Regarding Certificate of Insurance For Non-Resident Driver
- Administrative fees: \$_____.
- Please provide an AAMVA SR-22 until 06/22/15.

THIS ACTION IS INDEPENDENT OF ANY OTHER ACTION TAKEN BY THE COURT OR THIS DEPARTMENT

DATE

March 23, 2013

SIGNATURE OF AUTHORIZED DMV EMPLOYEE

X

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922

TERMS AND CONDITIONS OF TERMINATION OF ACTION (§13353.5 CVC)

STATE OF DOMICILE (§12505 CVC)

Notwithstanding §516 CVC, residency shall be determined as a person's state of domicile. "State of domicile" means the state where a person has his or her true, fixed, and permanent home and principal residence and to which he or she has manifested the intention of returning whenever he or she is absent.

PROOF OF OUT-OF-STATE RESIDENCY

Proof of out-of-state residency, shall include one of the following documents in the name and current address of the applicant:

- (1) Receipts for payment of resident tuition at a public institution of higher education or school records.
- (2) Utility Bills issued by a utility company.
- (3) Documents issued by a licensing authority indicating a current application for a driver license.
- (4) Tax records issued by a State or Federal agency.
- (5) Home rental or leasing contracts, filing of homeowner's property tax exemption or homestead exemption certificate.
- (6) Official voter registration documents.
- (7) Official document issued by a governmental agency that can be determined by the department to prove residency.

Additional arrests or detainment under the provisions of the California Administrative Per Se law or convictions of driving under the influence, even if issued in another state, could result in the California Department of Motor Vehicles reimposing the suspension or revocation.

You are not eligible for the termination of action under §13353.5 CVC if any of the following apply:

- A request for termination was previously granted.
- An action imposed against the driving privilege is still in effect.
- A first offender Administrative Per Se restriction(s) is still in effect.
- A second offender court restriction(s) or DMV optional Ignition Interlock device restriction is still in effect.

PROOF FILING INFORMATION

The usual method of showing **proof** of financial responsibility is to provide a California Insurance Proof Certificate (SR-22) from an insurance company authorized to do business in California.

SR-22 - A motor vehicle liability policy may be provided to cover only vehicles registered in your name (owner's policy), only to vehicles you do not own (operator's policy), or all vehicles whether you own them or not (broad coverage). This certificate is acceptable for all DMV actions requiring proof of financial responsibility.

Proof of financial responsibility may be met by a \$35,000 cash deposit or \$35,000 surety bond. Proof may also be filed by a self-insurer on behalf of an employee to permit driving vehicles owned by the self-insurer within the scope of employment. Bond information must be obtained from a surety bond company authorized in California. For information on the cash deposit or self-insurance, you may call (916) 657-6677, or write:

DMV, Financial Responsibility Area
P.O. Box 942884, Mail Station J-237
Sacramento, CA 94284-0884

For a non-California insurance document to be acceptable, you must complete and return a Declaration Regarding Certificate of Insurance For Non-Resident Driver. Cash deposits, bonds, and California proof certificates (Form SR-22) do not require a declaration. Incomplete declarations and unacceptable insurance documents will not be approved and will be returned to you. If your insurance is canceled before California's proof filing requirement has ended, your driving privilege can be suspended until a new insurance certificate and declaration has been received and approved.

DEPARTMENT OF MOTOR VEHICLES

LICENSING OPERATIONS DIVISION

Driver Licensing Branch

Mandatory Actions Unit

P.O. Box 942890, M/S J233

Sacramento, CA 94290-0001

Telephone: (916) 657-6525



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APPLICATION FOR TERMINATION OF ACTION §13353.5 California Vehicle Code

Submit COMPLETED application to the Mandatory Actions Unit at the address noted above. DMV must determine that all conditions and requirements are met by the applicant prior to the termination of the action, pursuant to §13353.5 of the California Vehicle Code (CVC).

FULL NAME, DRIVER LICENSE NUMBER, BIRTH DATE, CURRENT RESIDENCE AND MAILING ADDRESS

APPLICANT'S FULL NAME	DL NUMBER	DATE OF BIRTH	HOME PHONE ()	DAY PHONE ()
CURRENT RESIDENCE ADDRESS	CITY		ZIP CODE	
CURRENT MAILING ADDRESS (if different)	CITY		ZIP CODE	

If the suspension or revocation is terminated as requested, I voluntarily authorize the department to cancel my valid California driver license.

I, the undersigned, hereby certify under penalty of perjury, under the laws of the State of California, that I am a resident of a state other than California, and that all the information I have provided on this application is true and correct. I also certify that I have read and understand the residency requirements contained in §12505 CVC, and the requirements for a termination of suspension or revocation for nonresidents contained in §13353.5 CVC.

SIGNATURE, UNDER PENALTY OF PERJURY

X

DATE

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**DECLARATION REGARDING CERTIFICATE OF INSURANCE FOR NON-RESIDENT DRIVER**

INSTRUCTIONS: Complete all items listed below and attach your insurance certificate. Incomplete items will not be approved. Insurance policies must be certified to be an acceptable certificate.

I the undersigned, declare that:

- (1) I am a resident of (State or Province) _____.
- (2) My driving privilege in California is revoked or suspended, and I must file proof of financial responsibility before my California driving privilege can be reinstated.
- (3) I have attached one of the following insurance documents to this form:
 - Certificate of Insurance
 - Other certified insurance document or
- (4) My insurance company will electronically transmit the proof of financial responsibility certificate.

Proof Filing Information

A document that is not an Insurance Certificate or otherwise certified will not be accepted to reinstate the California driving privilege.

The Certificate of Insurance or other certified insurance document must be based on a policy that:

- Will cover the operation of a vehicle in California as well as in my state of residence.
 - Was issued by an insurance company authorized to do business in my state of residence.
 - Meets or exceeds the minimum coverage requirements of California law (\$15,000 for injury to or death of one person, \$30,000 for injury to or death of more than one person, and \$5,000 for damage to property **per accident**). If coverage under my policy is less, my coverage will expand to fit the California minimum requirements if I should drive in California.
- (5) I understand that if my insurance is canceled for any reason while the requirement to maintain proof of financial responsibility is in effect, I am subject to a suspension or a revocation in California until I file a new insurance certificate. I also understand that if I become a California resident while the proof requirement is in effect, I will not be issued or reissued a California driver license until I file a CALIFORNIA INSURANCE PROOF CERTIFICATE (SR-22) issued by an insurance company authorized to do business in California.

CALIFORNIA DRIVER LICENSE NUMBER		TELEPHONE NUMBER Work () Home ()	
RESIDENT STATE DRIVER LICENSE NUMBER (If applicable)	INSURANCE COMPANY NAME	INSURANCE POLICY NUMBER	
APPLICANT'S LAST NAME	FIRST NAME	MIDDLE NAME	
CURRENT RESIDENCE ADDRESS			
CURRENT MAILING ADDRESS (If different)			
I certify (or declare) under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
APPLICANT'S SIGNATURE		DATE	
CITY WHERE SIGNED		STATE WHERE SIGNED	