STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

CALIFORNIA PROOF REQUIREMENTS FOR NON-RESIDENTS

This form is used by a driver that does not live in California but who has to file proof of financial responsibility to end a California driver license suspension or revocation action.

"Residency" (or "where you are a resident") is defined in California Vehicle Code (CVC) Section 12505 (a) as 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. Evidence of residency for driver licensing purposes includes, but is not limited to, the following:

- Address where you registered to vote.
- Payment of resident tuition at a public institution of higher education.
- Filing a homeowner's property tax exemption.
- Other acts, occurrences, or events that indicate presence in the state is more than temporary or transient.

You will usually need to keep "Proof" on file with Department of Motor Vehicles (DMV) for three years from the first date you file insurance to end the action. "Proof", when required, is either a:

- California Insurance Proof Certificate (form SR-22/SR-1P) issued by an insurance company authorized to do business in California
- $35,000 surety bond in a department-approved format. Bond information must be obtained from a surety bond company authorized in California, or
- Deposit with this department of $35,000 in cash. For information on the cash deposit or self-insurance you may call (916) 657-6677.

For a non-California insurance document to be acceptable, your out-of-state insurance company must be authorized to do business in your state or province and you must complete and return a Declaration Regarding Certificate of Insurance for Non-Resident Driver (form DL 300 on the next page). Cash deposits, bonds and California proof certificates (form SR-22) do not require a DL 300. A Financial Responsibility Insurance Certificate (form SR-22) is available and acceptable in most states. **NOTE:** Residents of Arizona, Nevada, and Oregon can only use the SR-22 form in place of the California certificate.

Insurance ID cards, evidence of insurance forms, insurance policies, or policy declarations must:

A. Include a statement similar to this: "[name of company] certifies it has issued this motor vehicle liability policy as required by the laws of this State, and the policy is now in effect."

B. Name you as an insured.

C. Include the name of the insurance company, the policy number, and the policy effective date.

If your insurance company cannot supply a certificate or other form with this information, ask the company to write a letter to the California Department of Motor Vehicles that includes the requirements (**A** through **C**) above. Make yourself a copy, and send the original letter to this department as your certificate.

IF YOUR PROOF REQUIREMENT IS THE RESULT OF A **DUI** SUSPENSION	IF YOUR PROOF REQUIREMENT IS THE RESULT OF A SUSPENSION FOR AN **UNINSURED ACCIDENT**
FILL OUT THE DECLARATION PAGE OF THIS FORM AND SEND IT WITH YOUR PROOF OF INSURANCE TO:	FILL OUT THE DECLARATION PAGE OF THIS FORM AND SEND IT WITH YOUR PROOF OF INSURANCE TO:
Department of Motor Vehicles Mandatory Actions Unit P.O. Box 942890 M/S J233 Sacramento, CA 94290-0001 If you have questions, please telephone (916) 657-6525 8 a.m.-5 p.m. Mon., Tue., Thur., Fri. 9 a.m.-5 p.m. Wed. (PST)	Department of Motor Vehicles Financial Responsibility P.O. Box 942884 M/S J237 Sacramento, CA 94284-0001 If you have questions, please telephone (916) 657-6677 8 a.m.-5 p.m. Mon., Tue., Thur., Fri. 9 a.m.-5 p.m. Wed. (PST)

STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

DECLARATION REGARDING CERTIFICATE OF INSURANCE FOR NON-RESIDENT DRIVER

INSTRUCTIONS: Complete all items by checking the box or filling in the blank, and **attach your insurance certificate**. Incomplete forms will not be approved. ***An uncertified insurance policy will not be accepted in place of the required certificate.***

COMPLETE THE FOLLOWING BY PRINTING OR TYPING, AND SIGN WHERE INDICATED

LAST NAME	FIRST NAME	MIDDLE INITIAL

CALIFORNIA DRIVER LICENSE NUMBER	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
	( )	( )
RESIDENCE STATE DRIVER LICENSE NUMBER	INSURANCE COMPANY NAME	INSURANCE POLICY NUMBER

CURRENT ADDRESS (*NUMBER AND STREET*)		
CITY	STATE	ZIP CODE

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: (check only one box)
   - ☐ Certificate of Insurance
   - ☐ Other certified insurance document. _____ .
     Name/number of other insurance document
   - ☐ My insurance company will electronically transmit the proof of financial responsibility certificate.

PROOF FILING INFORMATION

Note: *A document that is not an Insurance Certificate or otherwise certified may not be accepted to reinstate your California driving privilege.*

The Certificate of Insurance (or other document) is based on an insurance policy that:

- Will cover 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 collision). If coverage under my policy is less, my coverage must expand to fit the California minimum requirements if I should drive in California.

4. 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 suspension 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 (form SR-22/SR-1P) issued by an insurance company authorized to do business in California.

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

DATED	SIGNATURE
	X

REMEMBER TO ATTACH YOUR INSURANCE CERTIFICATE TO THIS FORM