



**STATEMENT OF RELINQUISHMENT
BY
MH-UNIT/COMMERCIAL MODULAR MANUFACTURER, DISTRIBUTOR OR DEALER**

SECTION 1 – BUSINESS INFORMATION (Type or Print)

BUSINESS LEGAL NAME: _____ HCD LICENSE NUMBER: _____

DOING BUSINESS AS NAME(S): _____

PRINCIPAL PLACE OF BUSINESS ADDRESS: _____
Number and Street City State ZIP Code

MAILING ADDRESS (If different): _____
Number and Street or P.O. Box City State ZIP Code

E-MAIL ADDRESS (If applicable): _____

SECTION 2 – CERTIFICATION

This is to certify that effective _____, I/We, relinquished all ownership and interest in
(Type or Print Exact Date of Sale)
the above-described business to:

(Type or Print First, Middle and Last Name of New Owner)

Claim to the license and any other supplies, such as Dealer Reports of Sales and Manufacturers Certificate of Origins, issued to the above business by the Department of Housing and Community Development is hereby relinquished.

Section 3 – ACKNOWLEDGMENT (Type or Print)

STATE OF CALIFORNIA }
County of _____ }

On _____ before me, _____, personally
Day/Month/Year Type or Print First and Last Name and Title of the Notary Public
appeared

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.

WITNESS my hand and official seal.



NOTARY PUBLIC SIGNATURE

(Type or Print First and Last Name and Title)

(Signature)

(Date)

(Type or Print First and Last Name and Title)

(Signature)

(Date)