

STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
REGISTRATION AND TITLING PROGRAM



FLOATING HOME OWNERSHIP QUESTIONNAIRE

SECTION I. DESCRIPTION OF UNIT

The Decal (License) Number(s) is: _____

The Trade Name is: _____

The Serial Number(s) is: _____

SECTION II. OWNERSHIP AND TITLE INFORMATION

I/We, the undersigned, hereby state that this floating home is designed and built to be used or is modified to be used as a stationary waterborne residential dwelling; has no mode of power of its own; is dependent for utilities upon a continuous utility linkage to a source originating on shore; has a permanent continuous hookup to a shore side sewage system pursuant to Section 18075.55 of the California Health and Safety Code. I/We also state that the following information applies to the floating home described in Section I:

1. Are there any existing titles? Yes No

If yes, the license or decal number is: _____

If the Title is not being submitted, indicate the disposition (i.e., lost, stolen, etc.):

2. Was the floating home ever registered with DMV? Yes No

If yes, the "CF" number assigned by DMV is: _____

3. Are there any existing liens against this floating home? Yes No

If yes, indicate the name(s) and address(es) of the lienholder(s):

4. Are there any co-owners of this floating home? Yes No

If yes, indicate the name(s) and address(es):

SECTION III. CERTIFICATION

I/We further agree to indemnify and save harmless the Director of Housing and Community Development, State of California, and subsequent purchasers of said unit, for any loss they may suffer resulting from registration of the above-described unit in California, or from issuance of a California Certificate of Title covering the same.

I/We certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ at _____
Date City State

Signature: _____

Address: _____
Street Address or P.O. Box City State Zip