

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



**CHANGE OF MAILING ADDRESS  
FOR A REGISTERED OWNER, LEGAL OWNER OR JUNIOR LIENHOLDER**

**SECTION I. INSTRUCTIONS**

1. Complete Sections II through V. If a manufactured home, mobilehome, multifamily manufactured home, or floating home is currently registered under one decal number, show the decal number once and enter the serial numbers and HUD label number(s) or HCD insignia number(s) for each section. If a manufactured home, mobilehome or multifamily manufactured home is currently registered under multiple decal numbers or license plate numbers, show the number for each section and the corresponding serial numbers, the HUD label number(s) or insignia number(s).

If a commercial modular, complete a separate form for each unit.

2. Mail the completed form to: HCD, Registration and Titling Program, P.O. Box 2111, Sacramento, CA 95812-2111.

**SECTION II. DESCRIPTION OF UNIT**

| Decal (License) Number(s) | Manufacturer Serial Number(s) | HUD Label or HCD Insignia Number(s) |
|---------------------------|-------------------------------|-------------------------------------|
|                           |                               |                                     |
|                           |                               |                                     |
|                           |                               |                                     |
|                           |                               |                                     |
|                           |                               |                                     |

**SECTION III. APPLICANT INFORMATION**

Check the Appropriate Box:  Registered Owner  Legal Owner  Junior Lienholder

Name: \_\_\_\_\_

OLD MAILING ADDRESS: \_\_\_\_\_  
*Street Address or P.O. Box City County State Zip*

**SECTION IV. NEW MAILING ADDRESS INFORMATION**

Street Address or P.O. Box \_\_\_\_\_

|      |        |       |     |
|------|--------|-------|-----|
| City | County | State | Zip |
|------|--------|-------|-----|

**SECTION V. CERTIFICATION**

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(s): \_\_\_\_\_  
\_\_\_\_\_