



STATE OF CALIFORNIA
 BUSINESS, TRANSPORTATION AND HOUSING AGENCY
 DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
 DIVISION OF CODES AND STANDARDS
 OCCUPATIONAL LICENSING PROGRAM

CERTIFICATE OF APPOINTMENT

KNOW ALL MEN BY THESE PRESENTS:

That I/We _____
Business Name(s) and Principal Name(s)
 _____ CITY _____
Business Address

County of _____, California, as Principal, hereby appoint(s) the Director of the Department of Housing and Community Development as principal's true and lawful agent upon whom all process may be served in any action, or actions, which may thereafter be commenced against said principal, arising out of any claim for damages suffered by any firm, person, association or corporation by reason of the violation of said principal of any of the terms and provisions of the California Health and Safety Code. Principal further stipulates and agrees that, when personal service of process upon principal cannot be made in this State after due diligence, the service can be made upon the Director of the Department of Housing and Community Development, or in the event of the Director's absence from his/her office, that service can be made upon any employee of the State of California in charge of the Director's office and that such service of process shall be of the same legal force and effect as if served upon principal personally; that principal further stipulates and agrees that the agency created by said appointment shall continue for and during the period covered by any license that may be issued by the Department of Housing and Community Development and so long thereafter as the principal may be made to answer in damages for a violation of the California Health and Safety Code; principal further agrees that for purposes of venue, whenever service is made upon the Director, the service shall be deemed to have been made upon principal in the county in which principal has or last had his/her established place of business.

IN WITNESS WHEREOF, principal has subscribed his/her/their name(s) hereto this _____ day of _____
 20_____, at _____

Applicant's Signature(s)

STATE OF _____ }
 COUNTY OF _____ } ss

On _____ before me _____,

personally appeared _____ personally known to me (*or proved to me on the basis of*
(Name(s) and Title(s))

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.

WITNESS my hand and official seal.

Signature of Notary Public

[OFFICIAL SEAL]