



NOTICE OF CHANGE OF CORPORATE OFFICER(S), DIRECTOR(S) AND/OR CONTROLLING STOCKHOLDER(S)

SECTION 1 – LICENSE INFORMATION (Type or Print)

LICENSE NUMBER: _____ TELEPHONE NUMBER: (____) _____

CORPORATE NAME: _____

DOING BUSINESS AS NAME (DBA) (If applicable): _____

CORPORATE ADDRESS: _____
Number and Street City State ZIP Code

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

E-MAIL ADDRESS (If applicable): _____

SECTION 2 – TYPE OF CHANGE

Check appropriate box(es)

- REMOVING OFFICER(S)/DIRECTOR(S)/CONTROLLING STOCKHOLDER(S):
 - Complete Sections 3, 5 and 7, and submit the form with the \$72 fee specified in California Code of Regulations, Title 25, Chapter 4, Section 5040.
 - Attach a copy of the corporate minutes evidencing the change.
- ADDING OFFICER(S)/DIRECTOR(S)/CONTROLLING STOCKHOLDER(S):
 - Complete Sections 4, 5, 6 and 7, and submit the form with the \$130 fee specified in California Code of Regulations, Title 25, Chapter 4, Section 5040.
 - Attach a copy of the corporate minutes evidencing the change.

NOTE: IF YOU ARE REMOVING AND ADDING OFFICER(S)/DIRECTOR(S)/CONTROLLING STOCKHOLDER(S) PLEASE SUBMIT BOTH FEES.

SECTION 3 – REMOVED OFFICER(S)/DIRECTOR(S)/CONTROLLING STOCKHOLDER(S) (Type or Print)

The following person(s) is/are no longer corporate officer(s), director(s) and/or controlling stockholder(s):

FULL NAME	TITLE	EFFECTIVE DATE

CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO PROVIDE THE REQUESTED INFORMATION

SECTION 4 – NEW OFFICER(S)/DIRECTOR(S)/CONTROLLING STOCKHOLDER(S) (Type or Print)

The following new corporate officer(s) and/or director(s) has/have been appointed or elected, or new controlling stockholder(s) has/have been acquired:

FULL NAME	TITLE	EFFECTIVE DATE

CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO PROVIDE THE REQUESTED INFORMATION

SECTION 5 – CORPORATE STRUCTURE AFTER OFFICER(S)/DIRECTOR(S)/CONTROLLING STOCKHOLDER(S) CHANGE (Type or Print)

List the corporate officer(s), director(s) and controlling stockholder(s) below (include designated managing employee, if applicable.) In Column A, indicate with an "X" those persons who will participate in the direction, control and/or management of the manufacturing or sales operations of the business.

COLUMN A	FULL NAME (First, Middle, Last)	TITLE	RESIDENCE ADDRESS

CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO PROVIDE THE REQUESTED INFORMATION

SECTION 6 – LICENSING REQUIREMENTS

Each person indicated in Column A in Section 5 designated as participating in the direction, control and/or management of the manufacturing or sales operations of the business, that has not done so previously, must submit the following as an attachment to this form:

1. Application for MH-Unit/Commercial Modular Manufacturers, Distributors, Dealers and Salespersons, Part B (Form HCD OL 29).
2. A properly completed HCD OL 8016 Live Scan form, unless exempted by the California Department of Justice (DOJ). Only approved DOJ Live Scan facilities may be used. See DOJ's website for approved facilities at <http://ag.ca.gov/fingerprints/publications/contact.htm>. If there are no live scan facilities available in your area or for out of state applicants, please contact the California Department of Housing and Community Development (HCD) at (916) 323-9803 for directions and fingerprint cards. Applicants must pay the live scan operator directly for fingerprint scanning.
3. Two (2) full facial photographs, minimum size 1¼" x 1", taken from a maximum distance of six (6) feet.
4. Proof (HCD examination receipt) of successful completion of the MH-Unit or Commercial Modular Dealer Examination.

NOTE: FOR MH-UNIT DEALERS ONLY, PRELIMINARY EDUCATION REQUIREMENTS MUST BE MET PRIOR TO APPLYING FOR THE EXAMINATION.

SECTION 7 – CERTIFICATION

I, _____, Secretary of the Corporation,
Type or Print First and Last Name

certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments hereto for Sections 3, 4, and 5 are true and correct, and that the California Secretary of State has been notified of the changes listed herein as applicable, and that as Secretary of the Corporation, I am the official custodian of the records of this corporation, and have the authority to affix the corporate seal.

AFFIX CORPORATE SEAL

 Signature of Secretary of Corporation

 Date