

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



**APPLICATION FOR MH-UNIT/COMMERCIAL MODULAR DEALERS
 (PART D)**

INSTRUCTIONS

1. Complete this form to identify and make available for inspection the financial records for the dealership.
2. Submit a separate Application for MH-Unit/Commercial Modular Dealers, Part D, for accounts with different financial institutions.
3. At least one (1) person who is on record with the California Department of Housing and Community Development (HCD) as participating in the direction, control, or management, or any combination thereof, of the sales operation of the dealership **must be a signatory on the account(s).**
4. The application signature required to release the financial records **must be** that of the individual owner, a partner, a member of a limited liability company (LLC), or a corporate officer, director or controlling stockholder, or a designated managing employee of a partnership, LLC or corporation, who is on file with HCD as participating in the direction, control or management, or any combination thereof, of the sales operation of the dealership.

SECTION 1 – DEALERSHIP INFORMATION (Type of Print)

DEALERSHIP NAME: _____

CORPORATE OR TRADE NAME (If applicable): _____

E-MAIL ADDRESS (If applicable): _____

SECTION 2 – FINANCIAL INSTITUTION INFORMATION (Type of Print)

FINANCIAL INSTITUTION: _____ TELEPHONE NUMBER: (____) _____

ADDRESS: _____
Number and Street City State ZIP Code

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

CONTACT PERSON: _____

ACCOUNTS: List the account number(s), name(s) of the account signatory(s) and type of account for the business listed in Section 1 above.

ACCOUNT NUMBER(S)	NAME(S) OF ACCOUNT SIGNATORY(S)	TYPE OF ACCOUNT *

**General, Trust, Specific, Flooring, etc.*

Pursuant to Health and Safety Code Section 18050.5(i) and Government Code Section 7473, the undersigned acknowledges and consents to the following:

1. The release of the financial records for the accounts listed herein to a representative of HCD.
2. The consent to release financial records will remain valid as long as my dealer license or temporary permit is in effect with HCD and for a period of one (1) year thereafter.

APPLICANT NAME _____ TITLE _____
Type or Print First and Last Name

SIGNATURE _____ DATE _____