STATE OF CALIFORNIA

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT DIVISION OF CODES AND STANDARDS OCCUPATIONAL LICENSING PROGRAM



APPLICATION FOR OCCUPATIONAL LICENSE CHANGE, CORRECTION OR REPLACEMENT

SECTION 1 - PURPOSE OF AP	PLICATION						
CHECK THE APPROPRIATE BOX(ES) TO INDICATE THE PURPOSE OF THE APPLICATION SUBMITTAL AND FOLLOW THE							
INSTRUCTIONS PROVIDED.							
LICENSEE PERSONAL NAME CHANGE (Complete Sections 2 and 8. Salesperson: Attach old license and pay fee of \$45*.)							
LICENSEE CHANGE OF RESIDENCE (Complete Sections 3 and 8. Salesperson: Attach old license and pay fee of \$45*.)							
SALESPERSON TERMINATION (Dealer: Complete Section 4 and return license to salesperson. No fee required.) SALESPERSON EMPLOYMENT CHANGE (Dealer: Complete Section 5; Salesperson: Complete Sections 7 and 8: Attach old license and pay fee of \$45*.)							
BUSINESS NAME, DOING BUSINESS AS (DBA) NAME OR MAILING ADDRESS CHANGE (Complete Sections 6 and 8: Attach old license and pay fee							
of \$45*.)	,		, ,		()		
REPLACEMENT LICENSE (Complete S	Sections 7 and 8: Attach old	license, if available, an	nd pay fee of \$45*.)				
NOTE: COMPLETE SECTION 9 IF THE OLD LICENSE IS NOT ATTACHED WHEN REQUIRED.							
*This application shall be accompanied by the appropriate fees in accordance with the California Code of Regulations, Title 25, Division 1,							
Chapter 4, Subchapter 1, Article 3, Section 5040. Submittals for multiple changes to the same license require only one fee.							
SECTION 2 – LICENSEE NAME	CHANGE (Type or	Print)					
LICENSE NUMBER:			EFFECTIVE DATE:				
NEW NAME:							
First		Middle	Last				
FORMER NAME:First		Middle		Last			
SECTION 3 - LICENSEE CHANG	GE OF RESIDENCE	E (Type or Print)					
LICENSE NUMBER:			EFFECTIVE DATE:				
NAME:			TELEPHONE NUMBER: ()				
First	Last						
NEW RESIDENCE ADDRESS:	Number and Street		City	Stata	ZIP Code		
	Number and Street		City	State	ZIP Code		
MAILING ADDRESS (If different):	Number and Street or P.	O Boy	City	State	ZIP Code		
OFOTION 4 OAL FOREDOON T			City	State	Zii Gode		
SECTION 4 – SALESPERSON T	ERMINATION (Typ	oe or Print)					
SALESPERSON'S LICENSE NUMBER:			EFFECTIVE DATE:				
SALESPERSON'S NAME:							
SALESPERSON S NAIVIE.	First	Middle	La	st			
DEALERSHIP (DBA) NAME:							
DEALER'S NAME:			DEALER LICENSE NUMBER:				
First	Last		DEALER EIGENGE NOMBER				
DEALER'S SIGNATURE							
TITLE			DATE				
SECTION 5 – SALESPERSON E	MPLOYMENT CHA	ANGE (Type or P	rint)				
SALESPERSON'S LICENSE NUMBER:			EFFECTIVE DATE:				
SALESPERSON'S NAME:							
DEALERSHIP (DBA) NAME:	First	Middle	La				
DEALER'S NAME:	Last		_DEALER LICENSE NUMBER	ł:			
DEALER'S SIGNATURE							
TITLE			DATE				

SECTION 6 - BUSINESS NAME, DBA NAME OR MAILI	NG ADDRESS CHANGE	(Type or Print)			
		EFFECTIVE DAT	E:		
Check appropriate box					
☐ Individual ☐ Partnership* ☐ Limited Liability Company (LLC)* ☐ Corporation*					
* Attach: California Secretary of State (SOS) endorsed (filed) copies of show the change(s), such as a certificate of amendment for approval from the local issuing government agency.	of corporate, LLC or partnership a corporation, LLC or partnersh	o amendments, or iip. New or chang	certified SOS documents that yed DBA names require written		
<u>Note</u> : Currently, SOS filings are not mandatory for General Pawith the SOS, may attach properly signed partnership amendr			in law, GP's who have not filed		
NEW BUSINESS NAME (If applicable):		EFFECTIVE DATE:			
FORMER BUSINESS NAME (If applicable):					
NEW DBA NAME (If applicable):		EFFECTIVE DATE:			
FORMER DBA NAME (If applicable):					
PLACE OF BUSINESS ADDRESS:					
Number and Street	Ci	ty	State ZIP Code		
NEW MAILING ADDRESS (If applicable): Number and Street or P. O	. Box Ci	ty	State ZIP Code		
TELEPHONE NUMBER: ()	-MAIL ADDRESS (If applicable):				
SECTION 7 - REPLACEMENT LICENSE (Type or Print)					
LICENSEE NAME:	LICENSE	E NUMBER:			
ADDRESS:	LICENSE	E TYPE:			
MAILING ADDRESS (If different):					
REPLACEMENT IS DUE TO:					
	N	MPLOYING DEALE	ER		
IF ERROR, EXPLAIN					
SECTION 8 – APPLICANT CERTIFICATION					
Type or Print First and Last Name			, certify under penalty		
Type or Print First and Last Name of perjury under the laws of the State of California that the my belief.	ne information contained l	nerein is true a	and correct to the best of		
Signature		Date			
SECTION 9 – STATEMENT OF FACTS					
		the undereign	ned bereby declare that		
I,Type or Print First and Last Name					
I am unable to surrender the license required to be returned Correction or Replacement because:					
I further acknowledge that said license remains the proper Should this license be located or come into my possession Housing and Community Development Office. I certify up that the foregoing is true and correct.	on at a later date, I will su	irrender it to th	ne nearest Department of		
SIGNATURE					
EXECUTED IN THE COUNTY OF		STATE OF			