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 MH-UNIT/COMMERCIAL MODULAR 90-DAY CERTIFICATE

SECTION 1 - PURPOSE OF	APPLICATION				
Check the appropriate box(es) to	indicate the purpos	e of this appli	cation submittal and follow	w the instructions.	
☐ Applying for an Original 90-Day Certificate		cate Holder: Dealer:	Complete Sections 1, 2 and Complete Sections 3, 4 and		of \$134*, plus \$13*
☐ Change in Supervising Managin	g Employee	Dealer:	Complete Sections 1, 3 and	d 4; and pay the fee o	of \$45*
☐ Change in Employment of a 90-Day Certificate Holder			Complete Sections 1, 2 and 6; and pay the fee of \$45* Complete Sections 3, 4 and 5		
*THIS APPLICATION SHALL CODE OF REGULATONS, T					CALIFORNIA
SECTION 2 - APPLICANT IN	FORMATION (Type	e or Print)			
90-DAY CERTIFICATE NUMBER (If applicable):	HOME TELEPHONE NUMBER: ()			
APPLICANT NAME:					
			First	Middle	
RESIDENCE ADDRESS:			City	State	ZIP Code
MAILING ADDRESS:	lumber and Street or P.O. Br	nx	City	State	ZIP Code
FORMER EMPLOYING DEALER (•		
E-MAIL ADDRESS (If applicable): _					
SECTION 3 - EMPLOYER IN	FORMATION (Type	e or Print)			
LICENSE NUMBER:			TELEPHONE NUMBER: (_)	
DEALERSHIP NAME:					
DEALERSHIP ADDRESS:					
	Number and Street		City	State	ZIP Code
LOCATION OF EMPLOYMENT: _ (If different than dealership address)	Number and Street		City	State	ZIP Code
SECTION 4 - SUPERVISING	MANAGING EMPL	OYEE INFO	RMATION (Type or Print)		
☐ Check if this is a change of	the supervising man	aging employ	ee responsible for supervi	sing the 90-day cer	tificate holder
LICENSE NUMBER:					
SUPERVISING MANAGING EMPL	OYFF NAMF [.]				
		Last		First	Middle
SIGNATURE			DATE		

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directly supervise the employed applicant identified herein.

The designated employee responsible for the supervising of the 90-day certificate holder hereby certifies that he/she shall

SECTION 5 - EMPLOYING DEALER CERTIFICATION	TION		
I,	, certify		
Type or Print First, Middle and Last under penalty of perjury under the laws of the State	t Name of California that I have reviewed the information contained in this		
application and intend to employ the above-named a	applicant as a MH-Unit/commercial modular 90-day certificate holder. I		
	ed applicant will not act as a 90-day certificate holder until he/she		
, , , , , , , , , , , , , , , , , , ,	sued by the California Department of Housing and Community		
•	dge that the 90-day certificate holder will not continue to be employed		
. , , ,	od, unless the certificate holder has become fully licensed as a		
	d, unless the certificate holder has become fully licensed as a		
salesperson.			
SIGNATURE			
TITLE	DATE		
EXECUTED IN THE COUNTY OF	STATE OF		
SECTION 6 - APPLICANT CERTIFICATION			
I	, certify under		
Type or Print First, Middle and Last	t Name		
penalty of perjury under the laws of the State of California knowledge and belief.	that the information given on this application is true and correct to the best of my		
SIGNATURE	DATE		
EXECUTED IN THE COUNTY OF	STATE OF		
SUBMIT APPLICATION AND FEES TO:	Department of Housing and Community Development Division of Codes and Standards Occupational Licensing Program P.O. Box 278690 Sacramento,CA 95827-8690		

SECTION 7 - APPEAL RIGHTS

You, the applicant, may appeal directly to the Director of HCD and/or the Secretary of the Business, Transportation and Housing Agency for a timely resolution of any dispute arising from a violation of the time periods within which HCD must process this application. The appeal shall be decided in your favor, if HCD exceeds the maximum time period of issuance or denial of the certificate and has failed to establish good cause for reimbursement of any and all filing fees paid to HCD, in accordance with the California Code of Regulations, Title 25, Chapter 4, Section 5020.5(g).

Director
Department of Housing and Community Development
P.O. Box 278690
Sacramento, CA 95827-8690
(800) 952-8356

Secretary
Business, Consumer Services and Housing Agency
915 Capitol Mall, Suite 350A
Sacramento, CA 95814
(916) 653-4090