

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

OCCUPATIONAL LICENSING PROGRAM

NOTICE OF CHANGE IN OWNERSHIP, NAME, OR ADDRESS OF A
COURSE PROVIDER OR COURSE INSTRUCTOR

FOR DEPARTMENT USE ONLY
DTN #:
Date Received:
Approved By:
Disapproved By:
Date:

SECTION 1 - PURPOSE OF APPLICATION			
COURSE PROVIDER OR INSTRUCTOR APPROVAL NUMBER:			
Check the applicable box(es) to indicate the purpose of this application	n submittal and follow the instruction	s provided.	
☐ BUSINESS NAME CHANGE (Complete Sections 2 and 6)			
PERSONAL NAME CHANGE (Complete Sections 3 and 6)			
☐ CHANGE OF ADDRESS (Complete Sections 4 and 6)			
☐ CHANGE OF OWNERSHIP STRUCTURE (Complete Sections 5 and	6)		
NOTE: As specified in the California Code of Regulations, Title 25, Chapt must be reported to the California Department of Housing and Community E forty-five dollars (\$45) must be attached. Submittals for multiple changes re	Development within ten (10) calendar da		
SECTION 2 - BUSINESS NAME CHANGE (Type or Print)			
EFFECTIVE DATE: E-MAIL ADD	RESS (If applicable):		
FORMER BUSINESS NAME:			
FORMER DOING BUSINESS AS (DBA) NAME (If applicable):			
NEW BUSINESS NAME (If applicable):			
NEW DBA NAME (If applicable):			
NOTE: If the business name change also includes a change of ownership stability company (LLC), or corporation, complete Section 5 below.	tructure, such as, changing from an indiv	vidual ownership to a	a partnership, limited
SECTION 3 — PERSONAL NAME CHANGE (Type or Print)			
SECTION 3 — PERSONAL NAME CHANGE (Type or Print) EFFECTIVE DATE:			
EFFECTIVE DATE:			
	Middle	Last	
NEW NAME:First	Middle	Last	
EFFECTIVE DATE:	Middle Middle	Last	
NEW NAME:First			
NEW NAME: First FORMER NAME: First			
EFFECTIVE DATE: NEW NAME: First FORMER NAME: First SECTION 4 — CHANGE OF ADDRESS (Type or Print)			
EFFECTIVE DATE: NEW NAME: First FORMER NAME: First SECTION 4 — CHANGE OF ADDRESS (Type or Print) EFFECTIVE DATE: Check applicable box(es) NEW RESIDENCE OR BUSINESS ADDRESS:	Middle	Last	
EFFECTIVE DATE: NEW NAME: First FORMER NAME: First SECTION 4 — CHANGE OF ADDRESS (Type or Print) EFFECTIVE DATE: Check applicable box(es)			ZIP Code
PEFFECTIVE DATE: NEW NAME:	Middle	Last	
EFFECTIVE DATE: NEW NAME: First FORMER NAME: First SECTION 4 — CHANGE OF ADDRESS (Type or Print) EFFECTIVE DATE: Check applicable box(es) NEW RESIDENCE OR BUSINESS ADDRESS: Number and Street	Middle	Last	ZIP Code
NEW NAME: First FORMER NAME: First SECTION 4 — CHANGE OF ADDRESS (Type or Print) EFFECTIVE DATE: Check applicable box(es) NEW RESIDENCE OR BUSINESS ADDRESS: Number and Street Number and Street New Mailing Address:	Middle City City	State State	ZIP Code
PIETE SECTIVE DATE: First FORMER NAME: First SECTION 4 — CHANGE OF ADDRESS (Type or Print) EFFECTIVE DATE: Check applicable box(es) NEW RESIDENCE OR BUSINESS ADDRESS: Number and Street OLD RESIDENCE OR BUSINESS ADDRESS: Number and Street	Middle	Last	
EFFECTIVE DATE: NEW NAME:	Middle City City City	State State State	ZIP Code
EFFECTIVE DATE: NEW NAME: First FORMER NAME: First SECTION 4 — CHANGE OF ADDRESS (Type or Print) EFFECTIVE DATE: Check applicable box(es) NEW RESIDENCE OR BUSINESS ADDRESS: Number and Street OLD RESIDENCE OR BUSINESS ADDRESS: Number and Street Number and Street New MAILING ADDRESS: (If different) Number and Street or P.O. Box	Middle City City	State State	ZIP Code

SECTION 5 - CHANGE OF OWNERSHIP STRUCTURE CERTIFICATION

If the change of ownership structure includes an actual change of ownership of the approved course provider business, then each new owner, partner, member of an LLC, director or officer of a corporation participating in the direction, control, or operation of the business, must comply with the requirements specified in 25CCR Section 5340 and the applicable fees specified in Section 5360.

NOTE: For a partnership attach a copy of the executed partnership agreement; for an LLC attach a copy of the current Articles of Organization filed with the California Secretary of State (SOS); for a corporation attach a copy of the current Articles of Incorporation filed with the SOS.

Туј	pe or Print First and Last Name		, certify under penalty of perjury under the lav
of the State of California that I am			
further certify that all courses will			ms submitted herewith are true and correct. Ing all legal requirements.
Signature		Date	
II. PARTNERSHIP			
We,	T 0:15:1		, certify under penalty of perjury
under the laws of the State of California that no other person is associated		•	and information contained within this applicatio
	herewith are true and co		urses will be conducted only as approved and ir
Signature	Date	Signature	Date
Signature	Date	 Signature	 Date
III. LIMITED LIABILITY COMPANY	(LLC)		
			, certify under penalty of perjury
	Type or Print First and La	ast Name	, corally allact perions of perjors
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