



**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 APPROVED COURSE RENEWAL**

<b>FOR DEPARTMENT USE ONLY</b>	
<b>DTN #:</b>	_____
<b>Received Date:</b>	_____
<b>Approved By:</b>	_____
<b>Disapproved By:</b>	_____
<b>Date:</b>	_____

**SECTION 1 – COURSE PROVIDER INFORMATION** (Type or Print)

COURSE APPROVAL NUMBER: \_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

DOING BUSINESS AS (DBA) NAME (If applicable): \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
Number and Street City State ZIP Code

MAILING ADDRESS: \_\_\_\_\_  
(If different from above) Number and Street or P. O. Box City State ZIP Code

E-MAIL ADDRESS (If applicable): \_\_\_\_\_

**SECTION 2 – OWNERSHIP STRUCTURE** (Type or Print)

Check one box

INDIVIDUAL       PARTNERSHIP       LIMITED LIABILITY COMPANY (LLC)       CORPORATION

LIST BELOW, AS APPROPRIATE, THE NAME(S) AND TITLE(S) OF THE INDIVIDUAL OWNER(S); ALL PARTNERS OF THE PARTNERSHIP; MANAGING MEMBERS OF THE LLC; OR EACH CORPORATE OFFICER, DIRECTOR AND CONTROLLING STOCKHOLDER OF A CORPORATION.

FULL NAME (First, Middle, Last)	TITLE	EFFECTIVE DATE

**IMPORTANT: REFER TO INSTRUCTIONS ON REVERSE SIDE FOR ADDITIONAL REQUIREMENTS.**

List below any removed partner(s), managing member(s) of an LLC, corporate officer(s) or director(s) and effective date.

FULL NAME (First, Middle, Last)	TITLE	EFFECTIVE DATE

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

**SECTION 3 – DESCRIPTION OF COURSE CHANGE(S)**

Check appropriate box(es)

Not applicable, no changes have been made to the approved course.

On a separate sheet(s), give an itemized description of any change(s) to the course as originally or last approved.

Attach copies of any changed or new material(s).

**SECTION 4 – CERTIFICATION**

NOTE: THIS FORM MUST BE SIGNED BY AN INDIVIDUAL OWNER, PARTNER, MANAGING MEMBER OF AN LLC OR AN OFFICER, DIRECTOR OR CONTROLLING STOCKHOLDER OF A CORPORATION SHOWN HEREIN.

I, \_\_\_\_\_, certify under penalty or perjury under the laws of the State of California that the foregoing  
Type or Print First and Last Name  
 and any attachments hereto are true and correct to the best of my knowledge and belief.

APPLICANT SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

EXECUTED IN THE COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING FORM HCD OL ED 131:**

1. If you have been provided a Renewal Notice, read it carefully. If there are changes to the business name and/or DBA name provide certified copies of the appropriate documentation from the appropriate agency approving/recording the changes, such as the California Secretary of State, county recorder, etc. The above changes, including address changes are subject to the corresponding fees listed in California Codes of Regulations, Title 25, Section 5360 (hereinafter 25CCR).
2. File a separate application for each approved course to be renewed.
3. For a correspondence course, attach a copy of each new examination as required in 25CCR Section 5312.
4. For each NEW owner, partner, managing member of an LLC, corporate officer, director and controlling stockholder listed in Section 2 of this form, the following is required along with a Notice of Change in Ownership, Name, or Address of a Course Provider or Course Instructor:
  - a. Application for Course Provider Approval, Part B.
  - b. Two (2) full facial photographs, minimum size of 1¼" x 1", taken from a maximum distance of six (6) feet. 25CCR Sections 5340(a)(4), 5342(a), and 5344(a)(3).
  - c. A properly completed Live Scan form, HCD OL 8016. Please note: HCD will only accept live scans from California Department of Justice (DOJ) approved live scan facilities, unless otherwise exempt. See DOJ's website for approved facilities at <https://oag.ca.gov/fingerprints/locations>. If there are no live scan facilities available in your area or for out-of-state applicants, please contact HCD at (800) 952-8356 for directions and fingerprint cards. Applicants must pay the live scan operator directly for scanning their fingerprints pursuant to 25CCR Sections 5340(a)(5) and 5342(a).
  - d. Submit the fee required for changing ownership in 25CCR Section 5360(j).
5. Complete Section 3 only if changes have been made to the course as approved.

NOTE: An altered course must be submitted for approval pursuant to 25CCR Sections 5340, 5342 and 5346(c).
6. For any approved individual owner, partner, managing member of an LLC, corporate officer, director or controlling stockholder, who has been convicted of any felony or misdemeanor since issuance of the original approval, on a separate sheet disclose the date of conviction, nature of offense, Court of Jurisdiction, and the disposition. If currently on probation or parole, give the name, telephone number, and address of the probation or parole officer.
6. The fee required in 25CCR Section 5360(g) must accompany this application.

### **SUBMIT APPLICATION, ATTACHMENTS 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