



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

FOR DEPARTMENT USE ONLY

DTN #:

Received Date:

Approved By:

Disapproved By:

Date:

APPLICATION FOR INSTRUCTOR RENEWAL

SECTION 1 – APPLICANT INFORMATION (Type or Print)

APPROVAL NUMBER: _____ TELEPHONE NUMBER: (____) _____

NAME: _____
Last First Middle

ADDRESS: _____
Number and Street City State ZIP Code

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

E-MAIL ADDRESS (If applicable): _____

SECTION 2 – PERSONAL HISTORY (Type or Print)

- Have you been issued any license for the sale of MH-Units or commercial modulares, either as a dealer, salesperson, or manufacturer since your original application for instructor approval was filed? YES _____ NO _____
 If yes, list below the license number, license type, and expiration date of each license issued.
 License Number _____ Expiration Date _____ State _____
 License Number _____ Expiration Date _____ State _____
 License Number _____ Expiration Date _____ State _____
 - Excluding traffic offenses, have you ever been convicted, fined or placed on probation/parole for any crime or offense, either felony or misdemeanor, since your original Application for Instructor Approval was filed? YES _____ NO _____
 If yes, list each separate offense below. If you are currently on probation or parole, show the name and address of your probation officer.
- NOTE: A background investigation will be made, and failure to disclose ALL convictions, fines or probations including those out-of-state and expunged, may result in a refusal to approve your application.

DATE OF ARREST	NATURE OF OFFENSE	COURT OF JURISDICTION (FULL NAME AND ADDRESS)	DISPOSITION OF OFFENSE (DESCRIBE SENTENCE)			
			Amount Fined	Term of Probation/Parole	Jail or Prison Term	Date Released

CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO ANSWER QUESTIONS

SECTION 3 – APPLICANT CERTIFICATION

I, _____, certify under penalty of perjury under the laws of the State of California that the answers and information contained herein are true and correct to the best of my knowledge and belief.
Type or Print First and Last Name

SIGNATURE _____ TITLE _____ DATE _____

EXECUTED IN THE COUNTY OF _____ STATE OF _____

SUBMIT APPLICATION AND THE FEE SPECIFIED IN THE CALIFORNIA CODE OF REGULATIONS, TITLE 25, SECTION 5360 FOR APPLICATION FOR INSTRUCTOR RENEWAL TO:

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
 DIVISION OF CODES AND STANDARDS
 OCCUPATIONAL LICENSING PROGRAM
 P. O. BOX 31
 SACRAMENTO, CA 95812-0031