



**STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
REGISTRATION AND TITLING PROGRAM**

DEPARTMENT USE ONLY
NEW DECAL #
OLD DECAL #

**APPLICATION FOR REGISTRATION
(New Title Information only)**

Name of Manufacturer	Trade Name	Date of Manufacture	Model Name or #	ILT Exemption	Date First Sold New
DECAL/LICENSE #	MANUFACTURER SERIAL NUMBER(S)	HUD LABEL OR HCD INSIGNIA #	LENGTH (Inches)	WIDTH (Inches)	WEIGHT (pounds)

ADD UNITS <input type="checkbox"/> DEPARTMENT USE ONLY	USE CODE	EXPIRATION DATE	TAX TYPE				ORIG COST PRICE	CODE	YR	SALE PRICE	PPF
			ILT	EXT	LPT	PPT					
	DTN NUMBER(S)		DTN DATE(S)				CLERK'S INITIALS		SALE DATE		RF
											ILT

Registered Owner(s) [Print true name(s)]	1.	Last	First	Middle	MRF
	2.				PEN 1
	3.				PEN 2

If applicable, check one of the following: TENCOM OR JTRS TENCOM AND COMPRO COMPRORS

Current Mailing Address	Street									TRF
	City	County	State	Zip						DUPT

Future Mailing Address (if different than above)	Street									DUPR
	City	County	State	Zip						SUBD

Effective Date >

Situs (Location) Address of unit	Street									REPO
	City	County	State	Zip						RREG

Legal Owner (Lienholder) [Print true name(s)]										RSF
										PLT

If applicable, check one of the following: TENCOM OR JTRS TENCOM AND COMPRO COMPRORS

Mailing Address	Street	City	State	Zip						SIT
										UTP

Junior Lienholder [Print true name(s)]										RT
										ASF

If applicable, check one of the following: TENCOM OR JTRS TENCOM AND COMPRO COMPRORS

Mailing Address	Street	City	State	Zip						MHP
										CCP

ADD JR/LH **NOTE: APPLICANT, PLEASE READ AND COMPLETE THE QUESTIONNAIRE ON THE REVERSE SIDE.**

I/We certify under penalty of perjury that the statements made in this application are true and correct.

Executed on _____ at _____

Signature(s) of Above Registered Owner(s)	1.	
	2.	
	3.	

REGISTRATION QUESTIONNAIRE

1. Use Description:

The described unit on the reverse side of this application is a:

- A. [] Manufactured Home/Mobilehome and is constructed as a [] Single Family Dwelling or a [] Multifamily Manufactured Home
B. [] Commercial Modular and Use Code is: _____ (Use Code)
C. [] Floating Home
D. [] Truck Camper

2. Last Registration Information:

- A. Is this a new unit? [] yes [] no
If "NO", enter the date the unit was first sold new: _____
B. Has this unit been registered in California or any other State? [] yes [] no
If "YES", enter the state and the date the unit was last registered in: _____
C. Enter the month, day, and year the unit entered California: _____
D. When the unit was last licensed, what state were you a resident of? _____
E. Are you a resident of California [] yes [] no
If "YES", when did you become a resident? _____

3. Title Information:

- A. Except for any accompanying titles, are there any outstanding titles for this unit issued by any state? [] yes [] no
B. Is this unit now being used as security for any lien(s) other than the lien(s) shown (if any) on the reverse side of this application? [] yes [] no

4. Purchase Dates and Price:

- A. This unit was purchased from a: [] dealer [] manufacturer [] individual
B. Enter the date of sale: _____
C. Enter the date of delivery or installation: _____
D. The purchase price or sale price of this unit was:
1) Base unit (do not include sales tax, finance charges, transportation or installation charges) \$ _____
2) Unattached accessories (skirting, awning, refrigerator, etc.) \$ _____
TOTAL \$ _____

5. Exemption Information:

- A. Are you an active duty member of the U.S. Armed Forces? [] yes [] no
B. When this unit was last licensed, were you on active duty as a member of the U.S. Armed Forces? [] yes [] no
If "YES", enter the state or country where you were stationed: _____
C. Is the unit installed on the tax-free portion of a military reservation? [] yes [] no
D. Are you a member of a Federally Recognized American Indian Tribe? [] yes [] no
Enter the name of the Federal Indian Reservation or Rancheria and the date(s) the unit was located there: _____
E. Are you a disabled veteran? [] yes [] no
If "YES", enter the state or country where you were stationed: _____
F. Are you requesting exempt registration? [] yes [] no
Exempt registration is being requested based on the fact that this unit is owned or leased (the unit must be registered in the exempt party's name) by the following exempt organization:
[] U.S. Government [] State Agency [] City or County Agency
[] Civil Air Patrol [] Fire Department [] Consul or Other Foreign Government Official
[] Public School [] Other Political Subdivision (enter the agency or organization name below): _____