



APPLICATION FOR OCCUPATIONAL LICENSE CHANGE, CORRECTION OR REPLACEMENT

SECTION 1 – PURPOSE OF APPLICATION

CHECK THE APPROPRIATE BOX(ES) TO INDICATE THE PURPOSE OF THE APPLICATION SUBMITTAL AND FOLLOW THE INSTRUCTIONS PROVIDED.

- LICENSEE PERSONAL NAME CHANGE (Complete Sections 2 and 8. Salesperson: Attach old license and pay fee of \$45*.)
 LICENSEE CHANGE OF RESIDENCE (Complete Sections 3 and 8. Salesperson: Attach old license and pay fee of \$45*.)
 SALESPERSON TERMINATION (Dealer: Complete Section 4 and return license to salesperson. No fee required.)
 SALESPERSON EMPLOYMENT CHANGE (Dealer: Complete Section 5; Salesperson: Complete Sections 7 and 8: Attach old license and pay fee of \$45*.)
 BUSINESS NAME, DOING BUSINESS AS (DBA) NAME OR MAILING ADDRESS CHANGE (Complete Sections 6 and 8: Attach old license(s) and pay fee of \$45*.)
 REPLACEMENT LICENSE (Complete Sections 7 and 8: Attach old license, if available, and pay fee of \$45*.)

NOTE: COMPLETE SECTION 9 IF THE OLD LICENSE IS NOT ATTACHED WHEN REQUIRED.

*This application shall be accompanied by the appropriate fees in accordance with the California Code of Regulations, Title 25, Division 1, Chapter 4, Subchapter 1, Article 3, Section 5040. Submittals for multiple changes to the same license require only one fee.

SECTION 2 – LICENSEE NAME CHANGE (Type or Print)

LICENSE NUMBER: _____ EFFECTIVE DATE: _____

NEW NAME: _____
First Middle Last

FORMER NAME: _____
First Middle Last

SECTION 3 – LICENSEE CHANGE OF RESIDENCE (Type or Print)

LICENSE NUMBER: _____ EFFECTIVE DATE: _____

NAME: _____ TELEPHONE NUMBER: (____) _____
First Last

NEW RESIDENCE ADDRESS: _____
Number and Street City State ZIP Code

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

SECTION 4 – SALESPERSON TERMINATION (Type or Print)

SALESPERSON'S LICENSE NUMBER: _____ EFFECTIVE DATE: _____

SALESPERSON'S NAME: _____
First Middle Last

DEALERSHIP (DBA) NAME: _____

DEALER'S NAME: _____ DEALER LICENSE NUMBER: _____
First Last

DEALER'S SIGNATURE _____

TITLE _____ DATE _____

SECTION 5 – SALESPERSON EMPLOYMENT CHANGE (Type or Print)

SALESPERSON'S LICENSE NUMBER: _____ EFFECTIVE DATE: _____

SALESPERSON'S NAME: _____
First Middle Last

DEALERSHIP (DBA) NAME: _____

DEALER'S NAME: _____ DEALER LICENSE NUMBER: _____
First Last

DEALER'S SIGNATURE _____

TITLE _____ DATE _____

SECTION 6 – BUSINESS NAME, DBA NAME OR MAILING ADDRESS CHANGE (Type or Print)

EFFECTIVE DATE: _____

Check appropriate box

Individual Partnership* Limited Liability Company (LLC)* Corporation*

* Attach: California Secretary of State (SOS) endorsed (filed) copies of corporate, LLC or partnership amendments, or certified SOS documents that show the change(s), such as a certificate of amendment for a corporation, LLC or partnership. New or changed DBA names require written approval from the local issuing government agency.

Note: Currently, SOS filings are not mandatory for General Partnerships (GP) therefore until there is a change in law, GP's who have not filed with the SOS, may attach properly signed partnership amendments showing the requested change(s).

NEW BUSINESS NAME (If applicable): _____ EFFECTIVE DATE: _____

FORMER BUSINESS NAME (If applicable): _____

NEW DBA NAME (If applicable): _____ EFFECTIVE DATE: _____

FORMER DBA NAME (If applicable): _____

PLACE OF BUSINESS ADDRESS: _____
Number and Street City State ZIP Code

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

TELEPHONE NUMBER: (____) _____ E-MAIL ADDRESS (If applicable): _____

SECTION 7 – REPLACEMENT LICENSE (Type or Print)

LICENSEE NAME: _____ LICENSE NUMBER: _____

ADDRESS: _____ LICENSE TYPE: _____

MAILING ADDRESS (If different): _____

REPLACEMENT IS DUE TO:
Check appropriate box LOSS MUTILATION ERROR NEW EMPLOYING DEALER

IF ERROR, EXPLAIN _____

SECTION 8 – APPLICANT CERTIFICATION

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

Signature _____ Date _____

SECTION 9 – STATEMENT OF FACTS

I, _____, the undersigned, hereby declare that
Type or Print First and Last Name

I am unable to surrender the license required to be returned with this Application for Occupational License Change, Correction or Replacement because: _____

I further acknowledge that said license remains the property of the Department of Housing and Community Development. Should this license be located or come into my possession at a later date, I will surrender it to the nearest Department of Housing and Community Development Office. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE _____

EXECUTED IN THE COUNTY OF _____ STATE OF _____