STATE OF CALIFORNIA BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

DIVISION OF CODES AND STANDARDS OCCUPATIONAL LICENSING PROGRAM



NOTICE OF CHANGE OF CORPORATE OFFICER(S), DIRECTOR(S) AND/OR CONTROLLING STOCKHOLDER(S)

SECTION 1 - LICENSE INFORMATION (Type or F	Print)			
LICENSE NUMBER:	TELEPHONE NUMBE	ER: ())	
CORPORATE NAME:				
DOING BUSINESS AS NAME (DBA) (If applicable):				
CORPORATE ADDRESS:	Cit.		State	ZID Code
	City		State	ZIP Code
MAILING ADDRESS (If different): Number and Street of	or P. O. City		State	ZIP Code
E-MAIL ADDRESS (If applicable):				
SECTION 2 - TYPE OF CHANGE				
Check appropriate box(es)				
 REMOVING OFFICER(S)/DIRECTOR(S) Complete Sections 3, 5 and 7, and so Regulations, Title 25, Chapter 4, Sec Attach a copy of the corporate minute 	ubmit the form with the \$72 fee sprition 5040.	. ,	alifornia Cod	de of
 ADDING OFFICER(S)/DIRECTOR(S)/CO Complete Sections 4, 5, 6 and 7, and Regulations, Title 25, Chapter 4, Sec Attach a copy of the corporate minute 	I submit the form with the \$130 feetion 5040.	,	n California	Code of
NOTE: IF YOU ARE REMOVING AND ADDING PLEASE SUBMIT BOTH FEES.	OFFICER(S)/DIRECTOR(S)/COI	NTROLLIN	G STOCKH	OLDER(S)
SECTION 3 - REMOVED OFFICER(S)/DIRECTO	R(S)/CONTROLLING STOCKHO	LDER(S) (Type or Print)	
The following person(s) is/are no longer corporate	e officer(s), director(s) and/or cont	rolling stock	kholder(s):	
FULL NAME	TITLE		EFFECTI	VE DATE
☐ CHECK IF ADDITIONAL PAGE(S) IS/ARE A	TTACHED TO PROVIDE THE REQE	STED INFOR	RMATION	
SECTION 4 - NEW OFFICER(S)/DIRECTOR(S)/C	CONTROLLING STOCKHOLDER	(S) (Type or	Print)	
The following new corporate officer(s) and/or dire stockholder(s) has/have been acquired:	ctor(s) has/have been appointed of	or elected, o	or new contr	olling
FULL NAME	TITLE		EFFECTI	VE DATE
-				

 $\hfill\Box$ CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO PROVIDE THE REQUESTED INFORMATION HCD OL 15 (Rev. 08/20) Page 1 of 2

SECTION 5 - CORPORATE STRUCTURE AFTER OFFICER(S)/DIRECTOR(S)/CONTROLLING STOCKHOLDER(S)

List the corporate officer(s), director(s) and controlling stockholder(s) below (include designated managing employee, if applicable.) In Column A, indicate with an "X" those persons who will participate in the direction, control and/or management of the manufacturing or sales operations of the business.

COLUMN A	FULL NAME (First, Middle, Last)	TITLE	RESIDENCE ADDRESS

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

SECTION 6 - LICENSING REQUIREMENTS

Each person indicated in Column A in Section 5 designated as participating in the direction, control and/or management of the manufacturing or sales operations of the business, that has not done so previously, must submit the following as an attachment to this form:

- 1. Application for MH-Unit/Commercial Modular Manufacturers, Distributors, Dealers and Salespersons, Part B (Form HCD OL 29).
- 2. A properly completed HCD OL 8016 Live Scan form, unless exempted by the California Department of Justice (DOJ). Only approved DOJ Live Scan facilities may be used. 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 the California Department of Housing and Community Development (HCD) at (800) 952-8356 for directions and fingerprint cards. Applicants must pay the live scan operator directly for fingerprint scanning.
- 3. Two (2) full facial photographs, minimum size 1½" x 1", taken from a maximum distance of six (6) feet.
- 4. Proof (HCD examination receipt) of successful completion of the MH-Unit or Commercial Modular Dealer Examination.

NOTE: FOR MH-UNIT DEALERS ONLY, PRELIMINARY EDUCATION REQUIREMENTS MUST BE MET PRIOR TO APPLYING FOR THE EXAMINATION.

SECTION 7 - CERTIFICATION	
I,	, Secretary of the Corporation,
Type or Print First and Last Name	
Sections 3, 4, and 5 are true and correct, and that the California as applicable, and that as Secretary of the Corporati and have the authority to affix the corporate seal.	of California that the foregoing and any attachments hereto for ornia Secretary of State has been notified of the changes listed ion, I am the official custodian of the records of this corporation
AFFIX CORPORATE SEAL	
	Signature of Secretary of Corporation
	Date