



**APPLICATION FOR MH-UNIT/COMMERCIAL MODULAR SALESPERSON
(PART A)**

SECTION 1 – APPLICANT INFORMATION (Type or Print)

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

RESIDENCE ADDRESS: _____
Number and Street City State ZIP Code

MAILING ADDRESS (If different): _____
Number and Street City State ZIP Code

E-MAIL ADDRESS (If applicable): _____

SECTION 2 – TYPE OF LICENSE REQUESTED

Check the appropriate box to indicate the purpose of this application submittal.

MH-Unit Salesperson Commercial Modular Salesperson

SECTION 3 – EMPLOYER INFORMATION (Type or Print)

DEALERSHIP NAME: _____

LICENSE NUMBER: _____

DEALERSHIP ADDRESS: _____
Number and Street City State ZIP Code

SECTION 4 – APPLICANT'S CERTIFICATION

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

APPLICANT'S SIGNATURE _____ DATE _____

SECTION 5 – EMPLOYING DEALER'S CERTIFICATION

I, _____, certify that I have reviewed
Type or Print First and Last Name
the completed application (Part A and Part B) and intend to employ the above named person as a MH-Unit and/or Commercial Modular Salesperson. I further certify and acknowledge that the above named person will not participate as a licensee in any MH-Unit or commercial modular sales activity, until he/she receives a Salesperson Temporary Permit or License from the California Department of Housing and Community Development.

DEALER'S SIGNATURE _____ TITLE _____

DATE _____ EXECUTED IN THE COUNTY OF _____ STATE OF _____

SUBMIT APPLICATION TO: DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING PROGRAM
P. O. BOX 278690
SACRAMENTO, CA 95827-8690