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 IN OWNERSHIP, NAME, OR ADDRESS OF A COURSE PROVIDER OR COURSE INSTRUCTOR

FOR DEPARTMENT USE ONLY
DTN #:
Date Received:
Approved By:
Disapproved By:
Date:

SECTION 1 – PURPOSE OF APPLICATION

COURSE PROVIDER OR INSTRUCTOR APPROVAL NUMBER: _____

Check the applicable box(es) to indicate the purpose of this application submittal and follow the instructions provided.

☐ BUSINESS NAME CHANGE (Complete Sections 2 and 6)

☐ PERSONAL NAME CHANGE (Complete Sections 3 and 6)

☐ CHANGE OF ADDRESS (Complete Sections 4 and 6)

☐ CHANGE OF OWNERSHIP STRUCTURE (Complete Sections 5 and 6)

NOTE: As specified in the California Code of Regulations, Title 25, Chapter 4, Subchapter 2, Section 5338 (hereinafter 25CCR) any of the above changes must be reported to the California Department of Housing and Community Development within ten (10) calendar days. Pursuant to Section 5360(j), a fee of forty-five dollars ($45) must be attached. Submittals for multiple changes require only one fee.

SECTION 2 – BUSINESS NAME CHANGE (Type or Print)

EFFECTIVE DATE: _____ E-MAIL ADDRESS (If applicable): _____

FORMER BUSINESS NAME: _____

FORMER DOING BUSINESS AS (DBA) NAME (If applicable): _____

NEW BUSINESS NAME (If applicable): _____

NEW DBA NAME (If applicable): _____

NOTE: If the business name change also includes a change of ownership structure, such as, changing from an individual ownership to a partnership, limited liability company (LLC), or corporation, complete Section 5 below.

SECTION 3 – PERSONAL NAME CHANGE (Type or Print)

EFFECTIVE DATE: _____

NEW NAME: _____
First Middle Last

FORMER NAME: _____
First Middle Last

SECTION 4 – CHANGE OF ADDRESS (Type or Print)

EFFECTIVE DATE: _____

Check applicable box(es)

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

OLD RESIDENCE OR BUSINESS ADDRESS: _____
Number and Street City State ZIP Code

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

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

NEW TELEPHONE NUMBER(S): (_____) _____ (_____) _____

SECTION 5 – CHANGE OF OWNERSHIP STRUCTURE CERTIFICATION

If the change of ownership structure includes an actual change of ownership of the approved course provider business, then each new owner, partner, member of an LLC, director or officer of a corporation participating in the direction, control, or operation of the business, must comply with the requirements specified in 25CCR Section 5340 and the applicable fees specified in Section 5360.

NOTE: For a partnership attach a copy of the executed partnership agreement; for an LLC attach a copy of the current Articles of Organization filed with the California Secretary of State (SOS); for a corporation attach a copy of the current Articles of Incorporation filed with the SOS.

I. INDIVIDUAL

I, _____, certify under penalty of perjury under the laws
Type or Print First and Last Name

of the State of California that I am the sole owner of (name of business) _____ and that all answers and information contained within this application, attachments, and items submitted herewith are true and correct. I further certify that all courses will be conducted only as approved and in a manner satisfying all legal requirements.

_____ _____
Signature Date

II. PARTNERSHIP

We, _____, certify under penalty of perjury
Type or Print First and Last Name

under the laws of the State of California that we are co-partners in (name of business) _____ and that no other person is associated in the ownership of the business and that all answers and information contained within this application, attachments, and items submitted herewith are true and correct. We further certify that all courses will be conducted only as approved and in a manner satisfying all legal requirements.

_____ _____ _____ _____
Signature Date Signature Date

_____ _____ _____ _____
Signature Date Signature Date

III. LIMITED LIABILITY COMPANY (LLC)

I/We, _____, certify under penalty of perjury
Type or Print First and Last Name

under the laws of the State of California that I/we am/are the manager(s) in (name of business) _____ and have filed Articles of Organization pursuant to California Corporations Code Sections 17050 et. seq., in the State of California and I/we am/are authorized by the California Secretary of State to transact business in California, and that all answers and information contained within this application, attachments, and items submitted herewith are true and correct. I/We further certify that all courses will be conducted only as approved and in a manner satisfying all legal requirements.

_____ _____ _____ _____
Signature Date Signature Date

IV. CORPORATION

I, _____, certify under penalty of perjury under the laws
Type or Print First and Last Name

under the State of California that (name of business) _____ is incorporated in the State of _____ and have filed Article of Incorporation pursuant to California Corporations Code Sections 200 et. seq., in the State of California and therefore is authorized by the California Secretary of State to transact business in California, and that all answers and information contained within this application, attachments, and items submitted herewith are true and correct. I further certify that all courses will be conducted only as approved and in a manner satisfying all legal requirements.

AFFIX CORPORATE SEAL HERE

_____
Signature of Corporate Officer Authorized to Sign for Corporation

_____
Title Date

SECTION 6 – APPLICANT CERTIFICATION

I, _____, certify under penalty of perjury
Type or Print First and Last Name and Title

under the laws of the State of California that the information contained herein is true and correct to the best of my knowledge and belief.

SIGNATURE _____ DATE _____

EXECUTED IN THE COUNTY OF _____ STATE OF _____