



## Elite Business Customer Section

### Department of Housing and Community Development Registration and Titling Program

## Request to Participate

#### Company Information

**Legal Company Name:** \_\_\_\_\_

**DFPI<sup>i</sup> License Number:** \_\_\_\_\_

**Primary Company Mailing Address:** \_\_\_\_\_

**Primary Business Location Address:** \_\_\_\_\_

#### Primary/Secondary Contact Information (Your company's main contact for HCD)

**Primary Contact Name:** \_\_\_\_\_

**Primary Contact Phone Number:** \_\_\_\_\_

**Primary Contact Email Address:** \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_

**Secondary Contact Phone Number:** \_\_\_\_\_

**Secondary Contact Email Address:** \_\_\_\_\_

#### Other Company Names (Other entities doing business under your authority)

**Alternate DBA Name:** \_\_\_\_\_

**Alternate DBA Address:** \_\_\_\_\_

**Alternate DBA Name:** \_\_\_\_\_

**Alternate DBA Address:** \_\_\_\_\_

Anticipated Number of Transactions Each Month:

Comments/Considerations:

To submit, please email this form as an attachment to:

[BusinessCustomer@hcd.ca.gov](mailto:BusinessCustomer@hcd.ca.gov)

<sup>i</sup> Department of Financial Protection and Innovation