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



STATEMENT OF FACTS

l,	int First Name, Middle Name or Initial, Last Name, and Title (i.e, Dealer, Salesperson, etc.), the undersigned, hereby declare:
	that the following information is true and correct to the best of my knowledge and belief:
	Check box if additional sheets of information is/are attached to this Statement of Facts.
	CERTIFICATION
	I certify under penalty of perjury that the foregoing statement above is true and correct to the best of my knowledge and belief.
Exe	cuted on at Date City State
	Signature
	Address
	City