

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



APPLICATION FOR 90-DAY CERTIFICATE CHANGE, CORRECTION OR REPLACEMENT

SECTION 1 – PURPOSE OF APPLICATION

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

- CHANGE OF RESIDENCE **Certificate Holder:** Complete Sections 1, 2 and 7, include the old 90-DAY CERTIFICATE and the fee of \$45 with this application
- TERMINATION **Dealer:** Complete Sections 1 and 3
- PERSONAL NAME CHANGE **Certificate Holder:** Complete Sections 1, 4 and 7, include the old 90-DAY CERTIFICATE and the fee of \$45 with this application
- EMPLOYMENT LOCATION CHANGE (Same Employing Dealer) **Dealer:** Complete Sections 1 and 5, include the old 90-DAY CERTIFICATE and the fee of \$45 with this application
- REPLACEMENT 90-DAY CERTIFICATE **Certificate Holder:** Complete Sections 1, 6 and 7, include the 90-DAY CERTIFICATE, if available, and the fee of \$45 with this application

NOTE: COMPLETE SECTION 8 IF THE OLD 90-DAY CERTIFICATE IS NOT RETURNED WHEN REQUIRED.

This application shall be accompanied by the appropriate fees in accordance with the California Code of Regulations, Title 25, Chapter 4, Section 5040.

CERTIFICATE HOLDER'S NAME: _____
Type or Print First, Middle and Last Name

90-DAY CERTIFICATE NUMBER: _____ E-MAIL ADDRESS (If applicable): _____

SECTION 2 – CHANGE OF RESIDENCE (Type or Print)

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

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

TELEPHONE NUMBER: (____) _____ EFFECTIVE DATE: _____

SECTION 3 – TERMINATION (Type or Print)

DEALER LICENSE NUMBER: _____

DEALERSHIP NAME: _____

DEALER'S REPRESENTATIVE: _____ TITLE: _____
Last First

SIGNATURE: _____ EFFECTIVE DATE: _____

SECTION 4 – PERSONAL NAME CHANGE (Type or Print)

NEW NAME: _____ EFFECTIVE DATE: _____
Last First Middle

FORMER NAME: _____
Last First Middle

SECTION 5 – EMPLOYMENT LOCATION CHANGE - Same employing dealer (Type or Print)

DEALER LICENSE NUMBER: _____

DEALERSHIP NAME: _____

NEW EMPLOYMENT LOCATION: _____
Number and Street City State ZIP Code

FORMER EMPLOYMENT LOCATION: _____
Number and Street City State ZIP Code

EFFECTIVE DATE: _____

SECTION 6 – REPLACEMENT 90-DAY CERTIFICATE (Type or Print)

90-DAY CERTIFICATE NUMBER: _____

CERTIFICATE HOLDER'S NAME: _____
Last First Middle

ADDRESS: _____
Number and Street City State ZIP Code

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

REPLACEMENT IS DUE TO: LOSS MUTILATION ERROR OTHER _____

Briefly explain circumstances: _____

SECTION 7 – CERTIFICATE HOLDER CERTIFICATION

I, _____, certify under penalty
Type or Print First, Middle and Last Name
of perjury under the laws of the State of California that the information contained herein is true and correct to the best of my belief.

SIGNATURE _____ DATE _____

SECTION 8 – STATEMENT OF FACTS (Type or Print)

I, _____, the under signed,
Type or Print First, Middle and Last Name
hereby declare that I am unable to surrender the 90-DAY CERTIFICATE required to be returned with the Application for a 90-Day Certificate Change, Correction, or Replacement because:

I further acknowledge that said 90-Day Certificate remains the property of the California Department of Housing and Community Development. Should the 90-Day Certificate be located or come into my possession at a later date, I will surrender it to the California Department of Housing and Community Development Office.

I CERTIFY UNDER PENALTY OF PERJURY 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.

SIGNATURE _____ DATE _____

EXECUTED IN THE COUNTY OF _____ STATE OF _____

SUBMIT APPLICATION, ATTACHMENTS AND FEES TO: Department of Housing and Community Development
Division of Codes and Standards
Occupational Licensing Program
P.O.Box 278690
Sacramento, CA 95827-8690