

APPLICATION FOR MODIFICATIONS TO AN OCCUPATIONAL LICENSE FOR REGISTRATION SERVICE

PLEASE PRINT:

 BUSINESS NAME (PRINT PRIOR NAME IF CHANGING NAME)

 CORPORATION OR LIMITED LIABILITY COMPANY (LLC) (PRINT PRIOR NAME IF CHANGING NAME)

CHECK APPROPRIATE BOX(ES) FOR CHANGE(S) BEING MADE TO YOUR REGISTRATION SERVICE LICENSE:

SIDE 1

- CHANGING BUSINESS, CORPORATE NAME, OR LLC NAME
- ADDING BRANCH OFFICE
- CHANGING ADDRESS OF PRINCIPAL PLACE OF BUSINESS OR BRANCH OFFICE

SIDE 2

- CHANGING CONTROLLING STOCKHOLDER(S), DIRECTOR(S) AND/OR OFFICER(S)
- CHANGING MEMBERS OF LIMITED LIABILITY COMPANY

CHANGING BUSINESS, CORPORATE NAME, OR LLC NAME	PRINT NEW NAME			
ADDING OR CHANGING BUSINESS ADDRESS	CHECK APPROPRIATE BOX			
	<input type="checkbox"/> ADDING BRANCH OFFICE			
	<input type="checkbox"/> CHANGING ADDRESS OF PRINCIPAL PLACE OF BUSINESS			
	<input type="checkbox"/> CHANGING ADDRESS OF A BRANCH OFFICE			
	NEW ADDRESS (NUMBER AND STREET)	CITY	ZIP CODE	TELEPHONE NUMBER ()
	PRIOR ADDRESS IF CHANGING (NUMBER AND STREET)	CITY	ZIP CODE	TELEPHONE NUMBER ()
	PROPERTY OWNER'S TRUE FULL NAME			TELEPHONE NUMBER ()
OWNER'S ADDRESS (NUMBER AND STREET)	CITY	ZIP CODE		
CHECK EACH APPLICABLE BOX:				
<input type="checkbox"/> MOBILE OFFICE <input type="checkbox"/> OFFICE IS LOCATED IN A RESIDENCE <input type="checkbox"/> OFFICE MEETS ALL CITY AND COUNTY ZONING REQUIREMENTS <input type="checkbox"/> RECORDS MAINTAINED ELECTRONICALLY				
CERTIFICATION	I agree to notify the department in writing immediately of any change in location, ownership, or legal structure of this business and to submit new application papers properly reflecting the changes together with the required fees.			
	I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
	PRINTED NAME OF SOLE OWNER, ANY PARTNER, CORPORATE OFFICER, OR LLC MEMBER ONLY		TITLE	
SIGNATURE OF SOLE OWNER, ANY PARTNER, CORPORATE OFFICER, OR LLC MEMBER ONLY		DATE		
X				



DMV USE ONLY									
OCCUPATIONAL LICENSING NUMBER									

ADDING OR DELETING CORPORATE STOCKHOLDER(S)/DIRECTOR(S)/OFFICER(S)

IF ADDING OR DELETING STOCKHOLDER(S)/DIRECTOR(S)/OFFICER(S), list all controlling stockholders, director(s), and officer(s) who, by reason of the facts and circumstances, could direct, control or manage the business of the registration service. If there are additional names, attach a list.

PLEASE NOTE — Each individual listed below as being added, must submit a Personal History Questionnaire and a Live Scan Fingerprint Clearance.

DATE ADDED	DATE DELETED	TRUE FULL NAME (LAST, FIRST, MIDDLE)	TITLE

CERTIFICATION: *I agree to notify the department in writing immediately of any change in location, ownership, or legal structure of this business and to submit new application papers properly reflecting the changes together with the required fees*
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF OFFICER OF CORPORATION X	TITLE	DATE
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ADDING OR DELETING MEMBER(S) OR MANAGER(S) LIMITED LIABILITY COMPANY

IF ADDING OR DELETING MEMBER(S) OR MANAGER(S), list all controlling member(s), or manager(s) who, by reason of the facts and circumstances, could direct, control or manage the business of the registration service. If there are additional names, attach a list.

PLEASE NOTE — Each individual listed below as being added, must submit a Personal History Questionnaire and a Live Scan Fingerprint Clearance.

DATE ADDED	DATE DELETED	TRUE FULL NAME (LAST, FIRST, MIDDLE)	TITLE

CERTIFICATION: *I agree to notify the department in writing immediately of any change in location, ownership, or legal structure of this business and to submit new application papers properly reflecting the changes together with the required fees*

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF OFFICER OF CORPORATION X	TITLE	DATE
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