

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

- ☐ ADDING BRANCH OFFICE
- ☐ CHANGING ADDRESS OF PRINCIPAL PLACE OF BUSINESS
- ☐ 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:

- ☐ MOBILE OFFICE ☐ OFFICE IS LOCATED IN A RESIDENCE ☐ OFFICE MEETS ALL CITY AND COUNTY ZONING REQUIREMENTS ☐ 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 X	DATE



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	TITLE	DATE
X		

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	TITLE	DATE
X		