



APPLICATION FOR REGISTRATION

ELECTRONIC SERVICE DEALERS

Registration is required for persons, who for compensation, engage in or hold themselves out to the public as offering repair, service or maintenance of: microwave ovens, televisions, radios, audio or video recorders or playback equipment, including telephone answering devices, video cameras, video games, video monitors, facsimile machines, copiers, or computer systems normally used or sold for personal, family, household, or home office use. Registration is also required for the installation and/or repair of auto radios, stereos, alarms, interlock ignition devices and antennas in private vehicles and home antennas, including satellite antennas on or adjacent to a residence.

MAJOR HOME APPLIANCE SERVICE DEALERS

Registration is required for persons, who for compensation, engage in, or hold themselves out to the public as offering repair, service or maintenance of: refrigerators, freezers, ranges, washers, dryers, dishwashers, trash compactors, microwave ovens, and/or room air conditioners normally used or sold for personal, family, household, home office use, or for use in private motor vehicles.

COMBINATION SERVICE DEALERS

Required for persons engaged in activities covered by both electronic and major home appliance service dealer registrations.

GENERAL INFORMATION

Business and Professions Code (BPC) section 9830 requires a registration for each place of business and each drop-off location where equipment is accepted and responsibility for repairs or installation is assumed, whether or not the repairs are actually performed on the premises, or which is advertised as the location for repair or installation of equipment. Persons who engage as an electronic or appliance repair service dealer in this state but do not operate a place of business in this state are required to hold a registration as if he or she has a place of business in this state.

The information requested on this application is mandatory pursuant to BPC sections 9830 and 9840. The information provided will be used to determine qualifications for registration as provided by Chapter 20 of Division 3 of the Business and Professions Code. Failure to provide the requested information will result in the application being rejected as incomplete. The collection of this information is authorized by the BPC sections 30, 31, 114.5, 115.5, 480 and the Information Practices Act. Personal information may be disclosed in the following circumstances: (1) in response to a Public Records Act request as allowed by the Information Practices Act (Civil Code section 1798, et seq.); (2) to another government agency as required by law; or, (3) in response to a court or administrative order, subpoena, or search warrant.

You have a right to access records containing your personal information maintained by the Department of Consumer Affairs, unless the records are exempted from disclosure by Civil Code section 1798.40. Individuals may obtain information regarding the location of his or her records by contacting the Public Records Request Coordinator at P.O. Box 980578, West Sacramento, California 95798-0578 or (916) 999-2041.

Disclosure of your social security number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory for all sole proprietors and partners. Federal Employer Identification Number (FEIN) is mandatory for partnerships. BPC sections 30 and 31 and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorizes collection of your SSN, ITIN or FEIN. Your SSN, ITIN or FEIN will be used exclusively for tax enforcement purposes, for the purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520, for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state, and to allow the Office of the Chancellor of the California Community Colleges to measure employment outcomes of students who participated in career technical education programs offered by the California Community Colleges and recommend how these programs may be improved. **If you fail to disclose the required identification number(s), your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board (FTB), which may assess a penalty against you per Revenue and Tax Code section 19528.**

NOTICE: Effective July 1, 2012, the California Department of Tax and Fee Administration and the FTB may share taxpayer information with the Bureau. You are obligated to pay your state tax obligation and your registration may be suspended if the state tax obligation is not paid.

- A registration shall expire and cease to be valid if not renewed by the annual renewal date established by the Bureau. (BPC section 9832).
- **A registration is not transferable.** Any changes in ownership, business name, address or any change to the information provided on this form must be reported in writing within 30 days of the change, with the date of change to BHGS Licensing, P.O. Box 980578, West Sacramento, California 95798-0578. (BPC section 9833).
- The installation of auto radios, ignition interlock devices, stereos, alarms and antennas may also be performed under a California Bureau of Automotive Repair registration. The installation of home antennas may also be performed under certain California Contractor's State License Board classifications.

BUREAU OF HOUSEHOLD GOODS AND SERVICES APPLICATION FOR REGISTRATION

- **Read enclosed Registration Information before filing this application.**
- Each application must be accompanied by the proper fee in the form of a personal check, business check, certified cashier's check or money order made payable to: **BHGS**
- DO NOT SEND CASH.
- Signature(s) are required - Unsigned applications **will not** be processed.
- No items of information are voluntary, all are required.

For Department Use Only
Receipt #: _____
Reg. #: _____
ID #: _____

Check appropriate box (See Registration Information on cover page):

- Electronic Service Dealer \$190 Per Location
 Appliance Service Dealer \$190 Per Location
 Combination Service Dealer \$375 Per Location

Read all information prior to completing this application. You must complete all information in Sections 1, 2, and 3 that applies to your business. Please type or print neatly.

Section 1: Applicant Information			
1. Name of Business (Include Fictitious Business Name):	Area Code & Phone Number:	Area Code & Fax Number:	
2. Web Site Address:			
3. Address of Record: If this is not a physical address, you must complete #4			
4. Physical Address:			
5. Mailing Address: (If Different)			
6. Corporate Name: (If Different)			
7. Contact Person: (If Different from Sole Proprietor)	Area Code & Phone Number:	Email:	
8. Is Either Address a Telephone Answering Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is the Address of a Repair Shop? <input type="checkbox"/> Mailing Address? <input type="checkbox"/>			
9. <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP : Print owner's and each partner's name, residence address, date of birth, and social security number (SSN) or Individual Taxpayer Identification Number (ITIN). If a partnership, also list Federal Employer Identification Number (FEIN). (Attach additional sheets if necessary.)			
(1) Name:		Area Code & Phone Number:	
Residence Address:			
City:		State:	Zip Code:
SSN / ITIN:	FEIN: (If Partnership)	Driver's License #: State:	Date of Birth:
(2) Name:		Area Code & Phone Number:	
Residence Address:			
City:		State:	Zip Code:
SSN / ITIN:	FEIN: (If Partnership)	Driver's License #: State:	Date of Birth:

10. Corporation LLC: List all officers/members with titles and date of birth. Attach additional sheets if necessary.

(1) Name:		(2) Name:	
Title:	Date of Birth:	Title:	Date of Birth:
(3) Name:		(4) Name:	
Title:	Date of Birth:	Title:	Date of Birth:

11(a). Are any of the applicants listed in items 9 or 10 currently serving or have previously served in the US military? **Yes** **No**
If you selected Yes, please provide evidence of your current military duty (copy of your military orders), or your previous military service (copy of your DD 214 – Certificate of Release or Discharge from Active Duty).

11(b). Are you married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under active duty military orders? **Yes** **No**
If you selected Yes, please attach a copy of the marriage certificate or certified declaration/registration of domestic partnership AND copies of current Leave and Earnings Statements or military order establishing duty station in California.

12. Business and Professions Code section 135.4 provides that the Bureau must expedite, and may assist, the initial licensure process for certain applicants described below. Do any of the following statements apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

Yes **No**

If you selected Yes, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

13. Have any of the applicants listed in item 9 or 10 had any state license, certificate or registration revoked, suspended, denied or otherwise been the subject of disciplinary action by the BHGS or any other state agency? **Yes** **No** If you selected Yes, give the particulars of the state agency's action, including the name of the agency and date and type of action taken (e.g. denial/revocation). Attach additional sheets if necessary. **Your application will not be processed if this section is not answered.**

14. For all principals listed in items 9 and 10, have you ever been convicted of, or pled guilty or nolo contendere to ANY criminal or civil offense in the United States, its territories, or a foreign country? **This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b) which are two years or older should not be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, 1203.41, or 1203.42 of the California Penal Code or equivalent non-California law MUST be disclosed.** **Yes** **No**

If you selected Yes, give the particulars of each, including penal code numbers or criminal case numbers, and county of conviction or foreign country. **Proof of Dismissal: If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4a, 1203.41, or 1203.42 please submit a certified copy of the court order dismissing the conviction(s) with your application.** (Attach additional sheets if necessary).

Section 2: Business Activities

15. Are you a subcontractor? **Yes** **No**

If yes, provide a complete name, address, and registration number of the company you subcontract for.

Name: _____ Registration Number: _____

Address: _____

16. Please Check All That Apply to Your Business:

- Drop-Off

 In Home Repairs

 Home Based Business

 Storefront

17. Business Activities. Please Check All That Apply to Your Business:

- | | | |
|---|--|---|
| <input type="checkbox"/> Electronic Repair | <input type="checkbox"/> Sell Service Contracts (requires a different license application) | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Satellite Installation | <input type="checkbox"/> Car stereo, Alarm Installation/Repair | <input type="checkbox"/> Appliance Installation |
| <input type="checkbox"/> Computer Repair | <input type="checkbox"/> Interlock Ignition Device Installation | <input type="checkbox"/> Appliance Repair |
| <input type="checkbox"/> Cellphone Repair | | |

18. Sales Tax Permit Number: _____ (Assigned by CDTFA)

19. Name and Address of All Repair Personnel: (Attach additional sheets if necessary.)

(1) Name: _____ Area Code & Phone Number: _____

Residence Address: _____

(2) Name: _____ Area Code & Phone Number: _____

Residence Address: _____

(3) Name: _____ Area Code & Phone Number: _____

Residence Address: _____

(4) Name: _____ Area Code & Phone Number: _____

Residence Address: _____

Section 3: Certification

I certify, under penalty of perjury, under the laws of the State of California, that the forgoing is true and correct. Additionally, I understand that upon licensure, I will be subject to all applicable laws and regulations enforced by the Bureau of Household Goods and Services.

Sole Proprietor or Partnership:

An application for Sole Proprietor **MUST BE** signed by the applicant. An application for Partnership **MUST BE** signed by ALL partners.

Corporation or LLC:

An application for Corporation or LLC **MUST BE** signed by at least one principal AND the responsible managing employee.

Signature Title

Print Name Date

Signature Title

Print Name Date

Signature Title

Print Name Date

Signature Title

Print Name Date

Signature Title

Print Name Date

Signature Title

Print Name Date

Failure to provide any of the requested information will result in the application being rejected as incomplete. The authority which authorizes the maintenance of the information is BPC section 9830. Incomplete applications will be deemed abandoned one year after being returned as incomplete to the applicant. (BPC section 142(b)).