



APPLICATION PACKET
HOUSEHOLD MOVERS



APPLICATION FOR HOUSEHOLD MOVERS PERMIT – GENERAL INFORMATION

Keep this page for your records. Do not submit this page with your application for licensure.

Business and Professions Code (BPC) section 19235 provides that a household mover shall not engage in the business of transportation of used household goods and personal effects for compensation by motor vehicle over any public highway in this state, except in accordance with provisions of the Household Movers Act (Act). To obtain a Household Movers (HHM) permit, an applicant must submit a completed application and all required documents with original signatures. The application must be submitted to the Bureau of Household Goods and Services (Bureau) Licensing Unit with a fee of \$500 (BPC section 19240 (a)). Application and fee must be mailed to **4244 South Market Court, Suite D, Sacramento, CA 95834.**

Applicants have 120 days from the time the application is processed to complete all required documents listed on the HHM application checklist provided. The checklist indicates the forms you must complete to acquire a HHM permit. All forms should be attached to the application in the order presented on the checklist.

It is mandatory that you complete the application and application requirements and include all information that pertains to you and your business. Failure to provide any of the required information may result in a delay of the application process and is grounds for denial of the application as being incomplete. The information provided on this form will be used to determine qualifications for licensure as provided by Article 2 of Division 8 of the Act. Collection of this information is authorized by BPC sections 30, 31, 114.5, 115.5, 480, 19235, 19238, and the Information Practices Act (Civil Code section 1798, et seq.). The Bureau makes every effort to protect the personal information you provide us; however, personal information may be disclosed in the following circumstances: In response to a Public Records Act request, to another government agency as required or permitted by state or federal law, or in response to a court or administrative order, a subpoena, or a search warrant.

You have a right to access records containing your personal information maintained by the Department of Consumer Affairs to the extent permitted by law. Each individual may obtain their records by contacting the Public Records Request Coordinator at the following address and telephone number: 4244 South Market Court, Suite D, Sacramento, CA 95834 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. Collecting your SSN, ITIN, and FEIN is required by BPC sections 30 and 31, and Public Law 94-455 (42 USCA 405(c)(2)(C)). SSNs, ITINs, and FEINs are used exclusively for the purpose of tax enforcement, compliance with any judgment or order for family support in accordance with Family Code section 17520, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, and investigation of tax evasion and violations of cash-pay reporting laws as set forth in Unemployment Insurance Code section 329. If you fail to disclose your SSN, ITIN, or FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a penalty against you per Revenue and Tax Code section 19528.

Before submitting your application to the Bureau, make a copy of the completed application and attachments for your records.

APPLICATION FOR HOUSEHOLD MOVERS PERMIT TO ENGAGE IN THE BUSINESS OF TRANSPORTATION OF HOUSEHOLD GOODS AND PERSONAL EFFECTS FOR-HIRE OVER THE PUBLIC HIGHWAYS OF THE STATE OF CALIFORNIA

Business and Professions Code (BPC) section 19225.5, subdivision (h), defines a “Household Mover” as every corporation or person, their lessees, trustee, receivers, or trustees appointed by any court whatsoever, engaged in the permitted or unpermitted transportation for compensation or hire as a business by means of a motor vehicle or motor vehicles being used in the transportation of used household goods and personal effects over any public highway in California. Household movers must know and obey all state laws, rules, and regulations enforced by the Department of Consumer Affairs, Bureau of Household Goods and Services (Bureau or BHGS).

The following contains general licensing information for household movers. Further information may be obtained by calling the Bureau’s Division of Household Movers in Sacramento at (916) 999-2041. Written correspondence may be addressed to: BHGS, 4244 South Market Court, Suite D, Sacramento, CA 95834.

BPC section 19237 requires that a permit must be obtained to operate as a household mover. A non-refundable filing fee of \$500 is required at the time of filing. An incomplete application will delay the processing and if not corrected, will constitute cause for denial of the application.

FINGERPRINT REQUIREMENTS

Fingerprints

Prior to the issuance of a household movers permit, each applicant is required to use the DOJ’s Live Scan fingerprinting process which will scan and electronically transmit to the DOJ the applicant’s fingerprints.

A BCIA 8016 (Request for Live Scan Service) form and instructions will be mailed to the applicant once the application and fee has been processed. All applicants are required to submit fingerprints as follows: 1) If a sole proprietor; owner (proprietor); 2) If a partnership, all partners; 3) If a corporation, all corporate officers and directors; or 4) If a limited liability company, all members, managers, and officers.

DO NOT ATTEMPT TO BE FINGERPRINTED UNTIL YOU RECEIVE A BCIA 8016 FORM FROM THE BUREAU’S LICENSING UNIT

INSURANCE REQUIREMENTS

Public Liability and Property Damage: BPC section 19248, subdivision (a), requires all household movers to secure and maintain on deposit with the Bureau evidence of adequate bodily injury and property damage liability protection covering motor vehicles operated or to be operated. The minimum protection against liability is \$250,000 for bodily injury to or death of one person; \$500,000 for bodily injury to or death of more than one person; and \$100,000 for damage to or destruction of property other than the property being transported; or a combined single limit in the amount of not less than \$600,000.

Cargo Liability: BPC section 19248, subdivision (c), requires all household movers to secure and maintain on deposit with the Bureau evidence of cargo insurance in the amount of \$20,000. General Order 136 also contains rules concerning liability for loss and damage of used household goods.

Workers' Compensation: BPC section 19239.1 requires all household movers to secure and maintain on deposit with the Bureau evidence of workers' compensation insurance covering all its employees.

Protection of Collect on Delivery (C.O.D.) Shipments

General Order 84 requires the filing of a surety bond with the Bureau in the amount of not less than \$2,000 before any mover may lawfully handle C.O.D. shipments. This General Order also contains other regulations pertaining to the handling of C.O.D. shipments.

EXAM INFORMATION

Rates and Examination

The Bureau issues the "Maximum Rate and Rules for the Transportation of Used Property Namely: Household Goods and Personal Effects over the Public Highways within the State of California by Household Movers" (Max 4 Tariff), which contains rates, rules and regulations applicable to permitted movers. This document can be found on the Bureau's website at:

https://bhgs.dca.ca.gov/bureau_activities/index.shtml

BPC section 19239, subdivision (a), requires an applicant for a household mover permit to demonstrate by examination their ability to engage in business as a household mover. The examination will be based on the rules, regulations, and rates in the Max 4 Tariff. The examination is open book and consists of multiple-choice questions on the Max 4 Tariff rules. A passing score of 70% is required. The examinee is given a total of three opportunities to pass the examination. If an examinee fails the examination, a subsequent examination may be scheduled no earlier than 30 days from the date of the failed examination.

OTHER RELATED INFORMATION

Equipment

All household movers must submit a list of equipment that will be operated in their proposed transportation service. This information should be updated on an annual basis and will be submitted to the California Highway Patrol and the mover's insurance company in compliance with BPC section 19262.

Safety Requirements

All movers must provide an on-going safety education and training programs. If applicable, movers must also provide a preventive maintenance program and participate in the Pull Notice Program.

Movers must abide by the regulations contained in the California Vehicle Code and Title 13 of the California Code of Regulations.

Transportation Rate Fund Fees and Uniform Business License Taxes: All household movers transporting property for compensation subject to regulation by the Bureau are required to: 1) File quarterly revenue reports on forms provided by the Bureau; 2) Pay a \$15 administrative fee plus a percentage of their gross operating revenues; and 3) pay the appropriate uniform business license tax. You will receive notification on these reports after your permit is granted.



Temporary Suspension of Operating Authority at Request of Mover: Household movers may request a temporary suspension of their operating authority for a period not to exceed one year (voluntary suspension) when their equipment is temporarily taken out of for-hire service. Movers requesting temporary suspension must file a Request for Voluntary Suspension with the Bureau and pay a \$50 fee.

Termination of Operating Authority: A household movers' permit not exercised for a period of one year (including periods of voluntary suspension) shall lapse and terminate.

Transfer of Permits: No permit shall be sold, leased, assigned or otherwise transferred or encumbered by the holder thereof without first securing authorization from the Bureau. Application requesting authorization to transfer a permit must be accompanied with a filing fee of \$150. A Household Movers Transfer Application will be provided upon request.



HOUSEHOLD MOVERS APPLICATION CHECKLIST

Use this checklist to determine which forms should accompany your application (form HHM 706-1).

- HHM 706-1** Application for Household Movers Permit (rev. 12/23). *
- HHM 706-A** Statement of Residence form. *
- HHM 706-B** **Required if a partnership.** Attach the Partnership Agreement form or a copy of the partnership agreement.
- Articles of Inc** **If a corporation,** attach a copy of the Articles of Incorporation.
- Articles of Org** **If a limited liability company (LLC),** attach a copy of the Articles of Organization.
- Statement of Information** **If a corporation or LLC,** attach a copy of the Statement of Information.
- HHM 706-C** Report of Equipment to be Operated form. *
- HHM 706-G** General Highway Safety Requirements form. *
 - Maintenance Schedule (provide a photocopy only if driving three axles).
 - Safety Education and Training Program *
 - Pull Notice (only if TRAC is indicated). Requestor Code _____
- HHM 706-I** Workers' Compensation Declaration form. *
 - If you checked the box "I DO NOT HAVE ANY EMPLOYEES" a written explanation of how you will conduct operations without employees must be included.
 - Employer of Record Certification (only if entered into contract with a temporary staffing agency).
- HHM 706-J** Notice of Election of Operating Authority form. *
- HHM 706-K** Driver Statement of Applicant form. *
- FBNS** Fictitious Business Name Statement Filing with County Clerk
 - Proof of Publication.
- HHM Exam** Applicant will receive exam scheduling information from PSI Testing Center via the email provided on the application within 1-2 weeks of the first deficiency letter.
- BCIA 8016** The Bureau will provide a fingerprint form to the applicant once an application has been submitted. *

CONTINUED ON NEXT PAGE

ALL APPLICANTS, REGARDLESS OF THE VEHICLE USED FOR HOUSEHOLD MOVES, MUST SUBMIT A CERTIFICATE OF INSURANCE FOR CARGO AND PLPD, NO EXCEPTIONS: ADDITIONAL CERTIFICATES OR DOCUMENTS MAY BE REQUIRED BASED ON THE COMPLETED APPLICATION.

- AUTO LIABILITY** All applicants must submit a Public Liability and Property Damage (PL&PD) insurance certificate. *
- CARGO** All applicants must a Cargo insurance certificate. *
- WORKERS COMPENSATION** If hiring employees, applicants must submit a Workers' Compensation insurance certificate or a State Compensation Insurance Fund (SCIF10260).
- COD SURETY BOND** If handling C.O.D. shipments: surety company must provide a C.O.D. surety bond to BHGS in the amount of \$2,000.

NOTE: Your name, as it appears on the insurance certificates must be the same as it appears on your application form or the certificate(s) could be rejected and delay your application approval.

Household movers are required to obtain a California Carrier Number (CA Number) issued from the California Highway Patrol (CHP). Included in this application are instructions on how to apply for a CA Number. Once the CA Number is received from the CHP it is the applicant's responsibility to provide it to the Bureau.

- CA Number** Provide a copy of the CA Number notice issued by the CHP. *
- CHP 362** Motor Carrier Profile Form (if a CA Number **has not** been obtained, follow the CHP 362 instructions included in the application packet to apply for a CA Number).

* **Required Document**



APPLICATION FOR HOUSEHOLD MOVERS PERMIT

IMPORTANT: A filing fee of \$500 must accompany this application and is non-refundable. Acceptable forms of payment are check, money order or cashier's check made out to BHGS.

For Office Use Only
Fee Type: 757
Receipt #:
APP #:

Please check all that apply to your business:

Intrastate Mover Interstate Mover Restoration Company Broker Storage Delivery

PART I: STATEMENT OF OWNERSHIP

1. Has the applicant ever held a permit? Yes No If Yes, provide CAL-T number: _____

2. Business Name: _____
 (DBA as shown on invoices and advertisements)

Note: Any entity doing business under one or more fictitious names shall, with respect to each fictitious name, comply with Business and Professions Code (BPC) sections 17900-17930. As evidence of compliance, applicants must submit certified copies of any certificates and affidavits on file with the County Clerk where their principal place of business is located.

3. Physical Address: _____
 Street Address City County State Zip

4. Mailing Address: _____
 Street Address City County State Zip

5. Address of Record: _____
 Street Address City County State Zip

6. Phone Number: _____

7. Email: _____

8. Contact Person: _____ Phone Number: _____

Select the appropriate business type in sections 9 or 10 below and complete all required information in the applicable section.

9. Sole Proprietor Partnership

Last Name:		First Name:		Middle:
Residence Address:				
City:			State:	Zip:
SSN/ITIN:	FEIN (if Partnership):		DOB:	

Last Name:		First Name:		Middle:
Residence Address:				
City:			State:	Zip:
SSN/ITIN:	FEIN (if Partnership):		DOB:	
Last Name:		First Name:		Middle:
Residence Address:				
City:			State:	Zip:
SSN/ITIN:	FEIN (if Partnership):		DOB:	

A copy of a signed partnership agreement is required with submission of the application. If there is no written partnership agreement, you must file an agreement form (HHM 706-B) and submit with the application. If a partnership agreement has previously been filed, provide information on date and CAL-T number.

- Partnership Agreement Enclosed Form HHM 706-B Enclosed
 Partnership Agreement Previously Filed -- Date filed: _____ CAL-T#: _____

10. **Corporation** **Limited Liability Company (LLC)**

 (Provide exact name as registered with the California Secretary of State)

Name of Officer	Title	Address	Number of Shares

For both Corporations and LLCs, a certified copy of the Articles of Incorporation/Organization shall be filed with the application. If an LLC is more than one year old, a copy of the most recent annual statement filed with Secretary of State is required. If a Corporation is more than one year old, a Certification of Status is required.

For Corporations and LLCs organized and existing in a state other than California, a Certification of Qualification must be obtained by the Secretary of State and submitted with the Articles of Incorporation.

Articles of Incorporation/Organization: Enclosed Previously Filed (date): _____

Certificate of Qualification/Status Enclosed Previously Filed (date): _____

For Corporations: Date of Incorporation: _____ Incorporated in State of _____

Corporation Held By: Officers Listed Other (specify) _____

For LLCs: Date of Organization: _____ Organized in State of _____

11. Are any of the applicants listed in questions 9 or 10 (owners, general partners or corporate officers) currently serving, or previously served, in the US military? Yes No

If you checked "Yes" for this question, please provide the following documentation:

- 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).

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 checked "Yes" for this question, 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 of Household Goods and Services 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 or persons listed in questions 9 or 10 had any state license, certificate or registration revoked, suspended, denied or otherwise been the subject of disciplinary action by the Bureau 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). **Applications will not be processed if this question is not answered.**

14. **Statement of Residency:** Complete form HHM 706-A and submit with application.

15. If your business is associated with shippers, receivers, or movers due to common ownership, control or management (you own part/all of the company, hold a responsible position in the company, or guide the operations of the company directly or indirectly), please complete the following:

NAME

PARTNERSHIP, COMPANY OR CORPORATION

16. Does your business have an operating authority from the Federal Highway Administration to transport used household goods in interstate or foreign commerce? Yes No

If Yes: Motor Carrier Number: _____

PART II: SCOPE OF OPERATIONS PROPOSED AND INSURANCE REQUIREMENTS

Complete and submit the following with your application:

1. Report of Equipment to be Operated: Form HHM 706-C
2. General Highway Safety Requirements: Form HHM 706-G
3. Worker’s Compensation Form: Form HHM 706-I
4. Does your business have a CA Number issued by the CHP? Yes No

If Yes: CA Number _____

If No: Complete the CHP 362 form and follow the instructions included in the application packet to apply for a CA Number.

Surety Bond/Insurance Requirements

5. Evidence of adequate bodily injury and property damage (PL&PD) insurance is required by BPC section 19248, subdivision (a). A permit will not be issued without insurance being on file with the Bureau. Minimum public liability and property damage insurance coverage is \$250,000/\$500,000 for bodily injury or death: and \$100,000 for damage or destruction of property not being transported; or combined single limit of \$600,000.
6. Evidence of cargo insurance is required per BPC section 19248 (c). A permit shall not be issued without cargo insurance being on file with the Bureau. Minimum cargo insurance coverage is \$20,000 per shipment.
7. Applicant will handle C.O.D. shipments requiring the filing of a surety bond of not less than \$2,000, as required by General Order 84. Yes No

Examination Requirement

8. BPC section 19239, subdivision (a), requires an applicant for a household mover permit to demonstrate by examination their ability to engage in that business. The examination will be based on the rules, regulations and rates in the “Maximum Rates and Rules for the Transportation of Used Property, namely: Household Goods and Personal Effects Over the Public Highways within the State of California by Household Movers” (Max Rate Tariff 4). The examination is open book and consists of multiple-choice questions on the Max Rate Tariff 4 rules. A passing score of 70% is required. The examinee is given a total of three opportunities to pass the examination. If an examinee fails the examination, a subsequent examination may be scheduled no earlier than 30 days from the date of the failed examination.

(a) All applicants are required to:

- Prove knowledge and ability to engage in business as a household mover by successfully passing the examination prescribed by the Bureau.

(b) Provide the following information of person designated to take the examination prescribed by the Bureau.

Name: _____ Title: _____

Qualifier Phone: _____ Driver’s License No: _____

Qualifier Address: _____
Street Address City State Zip

Qualifier Email: _____

Part III: CERTIFICATION

I (we) certify (or declare), under penalty of perjury, that the representations appearing in said application and in any Bureau forms attached thereto (including any accompanying financial schedules, statements or projections) are, to the best of my (our) knowledge and belief, true, correct, and complete, based on all the information required to be included therein, of which I (we) have any knowledge, and these representations are made in good faith. Where the Bureau operating authority is held by a corporation, I further certify that I am an officer of the corporation and am authorized to make this certification on its behalf. I (we) further certify (or declare), under penalty of perjury, that a final judgement has not been entered against the applicant(s) pursuant to Section 3716.2 of the Labor Code (worker’s compensation violations).

SOLE PROPRIETOR OR PARTNERSHIP:

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

CORPORATION OR LLC:

An application for Corporation or LLC **MUST BE** signed by at least one principle 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

NOTICE

The filing of this application does not in itself constitute authority to engage in household mover operations. Any for-hire operations conducted prior to Bureau authorization are unlawful and may subject applicant to fine and imprisonment.



STATEMENT OF RESIDENCE

Business and Professions Code section 19239, subdivision (h) provides that a household mover operating authority shall not be issued unless it has been shown that applicant meets one of the following residency requirements: 1) **If an individual**, applicant shall have resided in the State of California continuously for not less than 90 days immediately preceding the filing of the application; 2) **If a partnership**, the partner having the largest percentage interest in the partnership shall have resided in the State of California continuously for not less than 90 days immediately preceding the filing of the application; or 3) **If a corporation or limited liability company (LLC)**, applicant shall be a domestic corporation or be qualified to transact business in the State of California as a foreign corporation at the time of filing the application.

COMPLETE THE APPLICABLE CERTIFICATION:

INDIVIDUAL: I, _____, have resided in the State of California continuously for not less than 90 days immediately preceding the filing of this application at:

 Street Address City County Zip Code

PARTNERSHIP: I, _____, partner having the largest percentage interest, have resided in the State of California continuously for not less than 90 days immediately preceding the filing of this application at:

 Street Address City County Zip Code

I, _____, one of the equal partners have resided in the State of California continuously for not less than 90 days immediately preceding the filing of this application (any one of the equal partners may complete the certification) at:

 Street Address City County Zip Code

CORP. OR LLC.:

 Name of Corporation or LLC, is qualified to transact business in the State of California on the date of this application.

CERTIFICATION

I/We hereby certify, under penalty of perjury, under all laws of the State of California that all statements, answers and representations on this form, and all attachments, are true, complete, and accurate.

 Signature Title

 Signature Title

 Print Name Date

 Print Name Date

If applicant is a Corporation or LLC:

 Signature Title

 Signature Title

 Print Name Date

 Print Name Date



PARTNERSHIP AGREEMENT

This partnership agreement form must be attached to the original application when a partnership agreement has not been previously reduced to writing.

If the liability of any partner, or partners, to that portion of the public with whom the partnership transacts any of its business is intended to be a limited liability, the registration required of limited partnerships by Section 16951, et seq. of the Corporations Code must be executed and recorded and a copy thereof filed with this Bureau in lieu of this form.

LIST THE FOLLOWING INFORMATION FOR EACH PARTNER

Partner Name	Partner Name
Street Address	Street Address
City State Zip Code	City State Zip Code
Phone Number	Phone Number
Percentage Interest	Percentage Interest
Partner Name	Partner Name
Street Address	Street Address
City State Zip Code	City State Zip Code
Phone Number	Phone Number
Percentage Interest	Percentage Interest

USE ADDITIONAL SHEETS IF NECESSARY

List the name(s) of the partner(s), who will be available to explain the operations and procedures of the partnership business and supply any requested records to authorized Commission representatives:

If there has been an agreement whereby a partner(s) is (are) to assume specific responsibilities such as management, etc., list the name(s) of such partner(s), and their duties:

Partner Name	Responsibility

List the name(s) of any partner(s), who will not take an active part in the actual conduct of the partnership business:

CERTIFICATION

I/We hereby certify, under penalty of perjury, under all laws of the State of California that all statements, answers and representations on this form, and all attachments, are true, complete, and accurate.

Signature Title

Signature Title

Print Name Date

Print Name Date

Signature Title

Signature Title

Print Name Date

Print Name Date



REPORT OF EQUIPMENT TO BE OPERATED

Business Name		
Address		
City	State	Zip Code
Area Code and Telephone Number		

PLEASE LIST ALL VEHICLE INFORMATION REQUESTED BELOW FOR ALL FOR-HIRE EQUIPMENT (INCLUDING LEASED VEHICLES) TO BE OPERATED BY YOU.

DO NOT LIST: Service trucks, passenger cars, forklifts or equipment used exclusively off highways.

Please use the appropriate two-letter abbreviation for the state of registration (e.g., CA for California). Please see adjoining page for equipment and body codes (use one line for each unit of equipment).

STATE	LICENSE PLATE NUMBER	VIN (VEHICLE IDENTIFICATION NUMBER)	EQUIP CODE	BODY CODE

Attach sheet(s) for additional vehicles if necessary.

EQUIPMENT CODES	BODY CODES
0 = Powered Unit (all types)	TRAC: Power units which are used primarily to pull trailers
1 = Trailer (all types)	HHGV: Household Goods Vans
	VAN: All other vans
	FB: Flatbeds
	MISC: All equipment units that do not fit any of the above categories

CERTIFICATION

I/We hereby certify, under penalty of perjury, under all laws of the State of California that all statements, answers and representations on this form, and all attachments, are true, complete, and accurate.

Signature Title

Signature Title

Print Name Date

Print Name Date

If applicant is a Corporation or LLC:

Signature Title

Signature Title

Print Name Date

Print Name Date

GENERAL HIGHWAY SAFETY REQUIREMENTS

The Bureau of Household Goods and Services (Bureau) shall not issue or authorize the transfer of any household movers permit except upon a showing before the Bureau and a finding by the Bureau that the applicant or proposed transferee meets and certifies compliance to all applicable requirements:

- (1) Yes - Is financially and organizationally capable of conducting an operation that complies with the rules and regulations of the Department of the California Highway Patrol governing highway safety.
- (2) Yes No - Is committed to observing the hours of service regulations of state and, where applicable, federal law, for all persons, including employees operating vehicles in transportation for compensation under the certificate or the permit. **(Property-carrying drivers cannot drive for longer than 14 consecutive hours after 10 consecutive hours off-duty.)** A yes response, is only applicable for three axle vehicle or Class A & B.
- (3) Yes No - Has a preventive maintenance program in effect for its vehicles used in transportation for compensation that conforms to regulations of the Department of California Highway Patrol in Title 13 of the California Code of Regulations. **(The preventative maintenance program is not required if the vehicles used have less than three axles and have less than 10,001 pound gross vehicle weight.)** A yes response is only applicable for three axle vehicle or Class A & B.
- (4) Yes No - Participates in a program to regularly check the driving record of all persons operating vehicles used in transportation for compensation requiring a class A or class B driver's license under the certificate or the permit. **(You must provide the Bureau with a Requester Code Number when a pull notice account is established or if you are already participating in the Pull Notice Program with the DMV.)** A yes response is only applicable for three axle vehicle or Class A & B.
- (5) Yes - Has a safety education and training program in effect for all persons operating vehicles used in transportation for compensation. **(Training and education must be provided at least twice a year. If written or video materials will be used for training, they must be reviewed with employees at least twice a year. You must keep records of training and drivers who participate in the training.)**
- (6) Yes - Will maintain its vehicles used in transportation for compensation in a safe operating condition and in compliance with the Vehicle Code and with regulations contained in Title 13 of the California Code of Regulations relative to motor vehicle safety. A yes response is applicable to all.
- (7) Yes - Has provided the Bureau with the physical address of an office or terminal where documents supporting the factual matters specified in the showing required by this section may be inspected by the Bureau and the Department of the California Highway Patrol. A yes response is applicable to all.

NOTE: A "commercial vehicle" is a vehicle which is used or maintained for the transportation of persons for hire, compensation, or profit or designed, used, or maintained primarily for the transportation of property (for example, trucks and pickups). CVC §260.



GENERAL HIGHWAY SAFETY REQUIREMENTS

I. PREVENTIVE MAINTENANCE PROGRAM

If you answered yes to question 3:

- A. Attach a copy of the proposed preventive maintenance schedule and the form(s) you will be using to record the completion of the maintenance (see Samples I. A., B., and C of Highway Safety Guide).
- B. Attach a copy of the driver's daily vehicle condition report form that you will use (see Sample II of Highway Safety Guide).

II. SAFETY EDUCATION AND TRAINING PROGRAM (REQUIRED FOR ALL)

- A. Yes No – Did you purchase a commercially available safety and education training program?
- B. If yes, attach a copy of the receipt and a copy of the front page of the program.
- C. If no, you must develop your own safety education and training program and describe your safety education and training program (see Samples III. A., B., and C. of Highway Safety Guide).

- D. Provide a description of all materials to be used.

Attach copies of any written materials you will use. If you have enrolled or are enrolling yourself, employee-drivers or subhauleders in a safety program provided by another organization, attach documents showing that fact and identify the program. If you or your employees or subhauleders have completed such a program, attach documents of proof.

- E. Will employee-drivers be enrolled in this program? Yes No

III. DEPARTMENT OF MOTOR VEHICLES DRIVER SAFETY REGULATIONS

If you answered yes to question 4, you must provide the Bureau with a Requester Code Number which is assigned by the DMV when a pull notice account is established with that department. If you are already participating in the pull notice program, please enter your requestor code number and the number of class A and class B drivers listed with DMV in the spaces below. If you are not yet participating in the pull notice program, you may apply by calling DMV at (916) 657-6346.

**REQUESTER
CODE NUMBER**

**NUMBER OF CLASS A OR CLASS B
EMPLOYEE-DRIVERS LISTED WITH DMV**

IV. ORGANIZATION REQUIREMENTS

Name of person(s) in your business responsibility for highway safety: _____

CERTIFICATION

I/We hereby certify, under penalty of perjury, under all laws of the State of California that all statements, answers and representations on this form, and all attachments, are true, complete, and accurate.

Signature Title

Signature Title

Print Name Date

Print Name Date

If applicant is a Corporation or LLC:

Signature Title

Signature Title

Print Name Date

Print Name Date

II. PREVENTIVE MAINTENANCE PROGRAM

Note: Each prime carrier shall make reasonable efforts to ensure that its subhaulers comply with required preventive maintenance and inspection of vehicles.

- A. Attach a copy of preventive maintenance schedule and the form(s) you will be using to record preventive maintenance completed (see Samples I. A., B., and C).
- B. Attach a copy of the driver's daily vehicle condition report form that you will use (see Sample II).

III. SAFETY EDUCATION AND TRAINING PROGRAM

A. Describe your safety education and training program (see Samples III. A., B., and C.).
I have acquired the California Commercial Drivers Handbook and the DOT Federal
Motor Carrier Safety Regulations Pocketbook. I will review the material every six months
and keep abreast of any changes in requirements. Photocopies of covers of Commercial
Drivers Handbook and the DOT Federal Motor Carrier Safety Regulations Pocketbook
attached.

OR: I have enrolled in the following program: (see attached receipt/enrollment
confirmation and copies of materials to be used in the course).

Attach copies of written materials you will use. If you have enrolled or are enrolling yourself, employee drivers or subhaulers in a safety program provided by another organization, attach documents showing that fact and identify the program. If you or your employees or subhaulers have completed such a program, attach documents of proof.

- B. Will employee-drivers be enrolled in this program? NO
- C. Will subhaulers be enrolled in this program? NO

II. PREVENTIVE MAINTENANCE PROGRAM

Note: Each prime carrier shall make reasonable efforts to ensure that its subhaulers comply with required preventive maintenance and inspection of vehicles.

- A. Attach a copy of preventive maintenance schedule and the form(s) you will be using to record preventive maintenance completed (see Samples I. A., B., and C).
- B. Attach a copy of the driver's daily vehicle condition report form that you will use (see Sample II).

III. SAFETY EDUCATION AND TRAINING PROGRAM

- A. Describe your safety education and training program (see Samples III. A., B., and C.).
We have purchased the ATA Driver Training and Safety Videos and shall use them and the DOT Federal Motor Carrier Safety Regulations Pocketbook and the DMV California Commercial Driver Handbook in quarterly review seminars for all employee drivers and subhaulers. We shall require all prospective employees and subhaulers to pass an in-house course before hiring/contracting to (see attached copies of receipts and materials to be used in the office).

Attach a copy of any written materials you will use. If you have enrolled or are enrolling your employees, drivers or subhaulers in a safety program provided by another organization, attach documents showing that fact and identify the program. If you or your employees or subhaulers have completed such a program, attach documents of proof.

- B. Will employee drivers be enrolled in this program? YES
- C. Will subhaulers be enrolled in this program? YES

SAFETY EDUCATION AND TRAINING PROGRAM

III.C

Each new driver to receive:

1. A classroom course, four hours long, consisting of at least these subjects:
 - a. Driver's attitude
 - b. Rules of the road
 - c. Techniques for avoiding or minimizing accidents
 - d. Defensive driving strategies
 - e. Handling emergency and hazardous driving conditions
 - f. Fuel conservation practices
 - g. **Preventive maintenance**

2. Behind **the wheel defensive driving course, two hours long, including**
 - a. **Defensive driving techniques**
 - b. **Vision control techniques**
 - c. **Backing techniques**
 - d. **Cornering techniques**
 - e. **Emergency maneuvers**
 - f. **Written evaluation**

3. In addition to the above, all drivers will attend a **monthly safety meeting one-hour long. Driver's input on safety problems will be discussed. New regulations will be explained and discussed. Procedures such as preventive maintenance, safety checks, and hours of service regulations will be explained and discussed.**

4. If _____ accidents occur with an individual, an **eight-hour intensive training course will be given, consisting of:**
 - a. **Defensive driving techniques**
 - b. **Attitude**
 - c. **Vision control techniques**
 - d. **Backing techniques**
 - e. **Drugs/drinking**
 - f. **Emergency/maneuvers**
 - g. **Cornering techniques**
 - h. **Night driving**
 - i. **Skid control**
 - j. **Preventive maintenance**
 - k. **Written evaluation**



WORKERS' COMPENSATION DECLARATION FORM

When you fill out this form, remember that the term “employee” includes clerical persons as well as drivers and any other persons employed in your operations as a household mover.

If your business is an OUT OF STATE CORPORATION, please note that you are not subject to the workers' compensation laws of California unless you have employees who reside in California. If you have employees who reside in California, check “B” below; if not check “A”.

If you employ persons in your household mover operations in any manner that makes you subject to the workers' compensation laws of California, have your insurance company provide a Certificate of Insurance or a Certificate of Consent to Self-Insure issued by the Director of Industrial Relations.

Check one of the following (read both before choosing):

- I DO NOT HAVE ANY EMPLOYEES.** If I hire employees in the future, I will submit an amended Workers' Compensation Declaration Form to the Bureau and contact my insurance company at once and have the required certificate of coverage provided to the Bureau. **NOTE:** If you check this box, you must attach a written explanation of how you will conduct operations without employees.
- I DO** have employees. (This box also applies to applicants for a permit or certificate who do not now have employees but will employ workers upon commencement of operations.) I will contact my insurance company and have the required certificate of coverage provided to the Bureau. I understand that the Bureau will not issue or reinstate a permit or certificate until it receives and verifies my Certificate of Insurance.

CERTIFICATION

I/We hereby certify, under penalty of perjury, under all laws of the state of California that all statements, answers and representations on this form, and all attachments, are true, complete, and accurate.

Signature Title

Signature Title

Print Name Date

Print Name Date

If applicant is a Corporation or LLC:

Signature Title

Signature Title

Print Name Date

Print Name Date



IMPORTANT NOTICE REGARDING THE TRANSPORTATION OF USED OFFICE, STORE, AND INSTITUTION FURNITURE AND FIXTURES

Business and Professions Code section 19241 allows household movers to transport used office, store and institution furniture and fixtures (commonly referred to as “office moves”) under its Bureau of Household Goods and Services (Bureau) Household Movers Permit rather than under the Motor Permit issued by the Department of Motor Vehicles (DMV) normally required for this service. If you elect to perform this type of transportation under your household movers permit rather than a DMV permit, you must make your election in writing to the Bureau by completing the “Notice of Election” form on the next page.

If you elect to transport used office, store, and institution furniture and fixtures under your household movers permit and later decide to transport these items under a DMV Motor Carrier Permit, you may do so by obtaining the required DMV permit and notifying the Bureau of your decision by completing another “Notice of Election” form and mailing it to the Bureau.

NOTE: If you elect to transport used office, store, and institution furniture and fixtures under your household movers permit, you will be required to pay the minimum quarterly fee of \$15 required of all household movers, plus a fee of 1/10 of 1% of the revenue earned from this transportation (the fee on revenue from the transportation of used furniture and personal property to and from a residence is ½ of 1%). In addition, revenue from both residential and office moves is subject to a 1/10 of 1% Uniform Business License Tax. Note that you will be able to perform office moves under your household movers permit only if you notify the Bureau in writing of your election to perform these moves.

If you do not file notice with the Bureau of your election to transport used office, store, and institution furniture and fixtures under your household movers permit, you will need to hold a DMV Motor Carrier Permit to perform this function. The DMV charges an annual permit fee based on the number of vehicles you will operate. To ascertain the requirements for obtaining a Motor Carrier Permit, including the amount of the permit fee, you may contact your nearest DMV office or the DMV’s Motor Carrier Permit Unit, P.O. Box 932370, Sacramento, CA 94232-3700, or phone (916) 657-8153.



**NOTICE OF ELECTION OF OPERATING AUTHORITY
 TO BE USED FOR THE TRANSPORTATION OF USED OFFICE,
 STORE, AND INSTITUTION FURNITURES AND FIXTURES**

This is to inform you that I (we) have elected to transport used office, store, and institution furniture and fixtures under (check only one box):

- My (our) Bureau Household Movers Permit
- A DMV Motor Carrier Permit

CERTIFICATION

I/We hereby certify, under penalty of perjury, under all laws of the State of California that all statements, answers and representations on this form, and all attachments, are true, complete, and accurate.

 Signature Title

 Signature Title

 Print Name Date

 Print Name Date

If applicant is a Corporation or LLC:

 Signature Title

 Signature Title

 Print Name Date

 Print Name Date



DRIVER STATEMENT OF APPLICANT

BUSINESS NAME: _____

I/We hereby certify that all drivers employed by the permit holder thereby possess a valid and unrestricted California Driver License authorizing the operation of the vehicles to be utilized or will hold such license(s) prior to conducting any operations. The driver license(s) to be used is/are as follows (to be verified by BHGS):

Driver's Name	California Driver License No.	Expiration Date	CLASS OF LICENSE	STATUS

ATTACH SHEET(S) FOR ADDITIONAL DRIVERS IF NECESSARY.

If applicant(s) or drivers hold other authorizations required to legally operate the highway equipment to be utilized in these proposed operations, state the nature of such authorization.

CERTIFICATION

I/We hereby certify, under penalty of perjury, under all laws of the State of California that all statements, answers and representations on this form, and all attachments, are true, complete, and accurate.

Signature Title

Signature Title

Print Name Date

Print Name Date

If applicant is a Corporation or LLC:

Signature Title

Signature Title

Print Name Date

Print Name Date



INSTRUCTIONS ON HOW TO OBTAIN YOUR REQUIRED CA NUMBER

Step 1: Submit your Household Movers application to obtain your CAL-T (also known as MTR number) to include in Part 6 of the CHP 362 Motor Carrier Profile form.

Step 2: Obtain a United States Department of Transportation (USDOT) number. USDOT numbers are issued by the Federal Motor Carrier Safety Administration (FMCSA). The online application can be found at this website:

<https://www.fmcsa.dot.gov/registration/getting-started>

The FMCSA regulates *interstate* commerce. When using the website to determine if a USDOT number is required, it may indicate a USDOT number is not required for *intrastate* commerce unless you are transporting hazardous materials in a quantity requiring the display of placards. Even though you may not be engaged in *interstate* commerce, or transporting hazardous materials, you are required by section 34507.5(a)(1) of the California Vehicle Code (CVC) to obtain a USDOT number before obtaining a California identification number (CA number). The California Highway Patrol (CHP) will not issue a carrier identification number without a USDOT number.

Step 3: To obtain a carrier identification number, submit a CHP 362 Motor Carrier Profile to a local CHP Motor Carrier Safety Office located on page 3 of the application. Be sure to include your USDOT and Cal-T/MTR number on the application (Part 6). **A carrier identification number will not be issued by the CHP without this information.** The CHP 362 Motor Carrier Profile is included in the HHM application packet or can be found online at:

<https://www.chp.ca.gov/CommercialVehicleSectionSite/Documents/H%20chp362.pdf>

CVC SECTION 34507.5 provides in relevant part:

(a) A motor carrier, as defined in Section 408, a motor carrier of property, and a for-hire motor carrier of property, as defined in Section 34601, shall obtain a carrier identification number from the department. Application for a carrier identification number shall be on a form furnished by the department. The department may furnish the form online and require the form to be completed and submitted electronically via the department's Internet Web site. Information provided in connection with an application for a carrier identification number shall be true and accurate, and updated by a motor carrier upon request from the department and within 15 days of any change of address or cessation of regulated activity at any of the motor carrier's terminals.

(1) A motor carrier required to obtain a carrier identification number shall first obtain a United States Department of Transportation number from the Federal Motor Carrier Safety Administration and provide that number on the application for a carrier identification number. The department shall not assign a carrier identification number unless the application includes the United States Department of Transportation number assigned to, and properly identifying, the motor carrier.

(2) A motor carrier shall ensure information associated with the United States Department of Transportation number assigned to the motor carrier is true and accurate. The information shall be updated as required by Part 390.19 of Title 49 of the Code of Federal Regulations, before the motor carrier operates a commercial motor vehicle, at least once every two calendar years, and within 15 days of any change of information or cessation of regulated activity.