



## 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 required for Drop-off points as well (locations, which through solicitations or advertisements accept equipment for repairs, whether or not the repairs are actually performed there.)
- 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

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 registrations.

**(Business and Professions Code Section 9840)**

### GENERAL INFORMATION

The information requested on this application is mandatory pursuant to California Business and Professions Code 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 Business and Professions Code Section 30 and the Information Practices Act. Personal information may be disclosed in the following circumstances: a Public Records Act request as allowed by the Information Practices Act (Civil Code Section 1798 and following), another government agency as required by law, or in support to a court or administrative order.

You have a right of access to records containing personal information about you maintained by the Department of Consumer Affairs, unless the records are exempted from disclosure by Section 1798.40 of the California Civil Code. 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 also mandatory for partnerships.** Section 30 of the Business and Professions Code 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 Section 17520 of the Family Code, 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, which may assess a penalty against you per Section 19528 of the Revenue and Tax Code.**

**NOTICE: Effective July 1, 2012, the California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board 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 (B&P Code 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, along with the date of change, to BHGS Licensing, P.O. Box 980578, West Sacramento, California 95798-0578 (B&P Code 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 (BHGS)  
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: <b>If this is not a physical address, you must complete #4</b>			
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?    Yes        No    If Yes: Is the address of Repair Shop?    Mailing Address?			
9. SOLE PROPRIETOR/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 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.** Are any of the applicants listed in item 9 or 10 (owners, general partners, or corporate officers) currently serving or have 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).**

**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 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.** 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 answer is 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. **Application will not be processed if this section is not answered.**

**13.** For all principals listed in item 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, or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed. Yes No**  
 If you answered 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, or 1203.41, 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:**

**14.** Are you a subcontractor?      YES      NO      If YES, complete name, address, and registration number of the company you subcontract for.

Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

**15.** Please Check All That Apply to Your Business:

Drop-Off	In Home Repairs	Home Based Business	Storefront
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**16.** Business Activities. Please Check All That Apply to Your Business:

Electronic Repair	Sell Service Contracts (requires a different license)	Retail Sales Appliance
Satellite Installation	Car stereo, alarm Installation/Repair	Installation Appliance Repair
Computer Repair	Interlock Ignition Device Installation	
Cellphone Repair		

17. Sales Tax Permit Number: _____ (Assigned by CDFTA)			
18. 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: _____			
<p>I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this application. Additionally, I acknowledge that upon licensure, I will be subject to all applicable laws and regulations enforced by the</p>			
<p><b>Sole Proprietor or Partners:</b>  An application for Sole Proprietor <b>MUST BE</b> signed by the applicant.  An application for Partnership <b>MUST BE</b> signed by ALL partners.</p>		<p><b>Corporation/LLC:</b>  An application for Corporation or LLC <b>MUST BE</b> signed by  At least one principal AND the responsible managing employee.</p>	
_____ Signature		_____ Signature	
_____ Title		_____ Title	
_____ Print Name		_____ Print Name	
_____ Signature		_____ Signature	
_____ Title		_____ Title	
_____ Print Name		_____ Print Name	
<p><b>Date:</b> _____</p>		_____ Signature	
		_____ Title	
		_____ Print Name	
<p><b>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 Section 9830 of the Business and Professions Code. Incomplete applications will be deemed abandoned one year after being returned as incomplete to the applicant.</b></p>			