BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • BUREAU OF HOUSEHOLD GOODS AND SERVICES
4244 South Market Court, Suite D, Sacramento, CA 95834-1243
P (916) 999-2041 | F (916) 921-7279 | Web: bhgs.dca.ca.gov

DECLARATION OF BUSINESS ACTIVITIES OR NON-OPERATION

Email completed form to HomeProducts@dca.ca.gov (EAR-HFTI) / BHGS.HHMovers@dca.ca.gov (HHM), or mail to 4244 S. Market Court, Ste D., Sacramento, CA 95834.

Business Name / DBA	
Owner/Officer/Manager Name (First, Middle, Last)	
Address of Record	
Business Phone Number	Business Email

Please initial the option that applies AND fill in the corresponding blank:

_____ Initial	I am not operating in any capacity for which a registration/license/permit is required by the Bureau of Household Goods and Services (Bureau) pursuant to: • Electronic and Appliance Repair (BPC § 9830); • Home Furnishings and Thermal Insulation (BPC § 19049); or • Household Movers (BPC § 19237). **If so, describe the nature of your business**:_____.
_____ Initial	I am no longer operating as an: ¯ Electronic or appliance service dealer as of (date)_____. ¯ Retailer, custom upholsterer, wholesaler, manufacturer, importer, supply dealer, or sanitizer as of (date)_____. ¯ Household mover or broker as of (date)_____.
_____ Initial	I hold a valid Bureau registration/license/permit, No.:_____.
_____ Initial	Other:_____.

I understand that operating without a valid registration/license/permit under the Bureau of Household Goods and Services is a violation of California law and can result in citations and fines in accordance with the laws and regulations for each program: bhgs.dca.ca.gov.

I certify under penalty of perjury and under all laws of the State of California that I am authorized to make this request and that all statements, answers, and representations made above are true, complete, and accurate.

_____ _____
Signature (Current Personnel Only) Date

_____ _____
Printed Name Title