



REQUEST FOR CANCELLATION OF HOUSEHOLD MOVER OPERATING PERMIT

Form with fields: NAME OF COMPANY, CAL-T NUMBER, ADDRESS, CITY, STATE, ZIP CODE, AREA CODE AND TELEPHONE NUMBER

RETURN COMPLETED FORM TO:
BHGS
DIVISION OF HOUSEHOLD MOVERS
4244 S. MARKET COURT, STE D.
SACRAMENTO, CA 95834-1243

OR EMAIL TO:
HOMEPRODUCTS@DCA.CA.GOV

THE UNDERSIGNED REQUESTS CANCELLATION OF THEIR HOUSEHOLD MOVERS PERMIT.

Cancellation requested because:

The last day of operation under the above permit(s) and/or certificate(s) was :

I/WE UNDERSTAND THAT I AM/WE ARE HEREBY REQUESTING PERMANENT AND FINAL CANCELLATION OF THE HOUSEHOLD MOVER OPERATING PERMIT.

Date: _____

Print Name

Signature of Applicant(s)

If applicant is a corporation:

Signature of Corporate Officer

Title of Corporate Officer