

REQUEST FOR CANCELLATION OF LICENSE/REGISTRATION/PERMIT

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.

Changes must be made by current personnel listed on license record. Requests can take up to two weeks to process.

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

The undersigned requests cancellation of their license/registration/permit.

Reason for Cancellation
Last day of operation for this license/registration/permit (date) ____/____/____.

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