

# DECLARATION

Owner/Partner/Corporate Officer Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

## Please initial which option applies:

\_\_\_\_\_ I am not operating in any capacity for which licensing/registration is required by the Bureau of Electronic & Appliance Repair, Home Furnishings & Thermal Insulation.

Please describe the nature of your business: \_\_\_\_\_

\_\_\_\_\_ I am no longer operating as a service dealer, service contractor, importer, manufacturer, wholesaler, retailer, custom upholsterer, sanitizer, or supply dealer.

\_\_\_\_\_ I hold a valid license/registration - my number is: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

\_\_\_\_\_ Other: \_\_\_\_\_

**I declare under penalty of perjury that the above is correct, to the best of my knowledge. I understand that operating without the proper license/registration is a violation of the law and I agree to meet the license/registration requirements if I perform the function of any of the above listed classifications.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
E-mail address

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