



LICENSING INFORMATION COLLECTION AND ACCESS

The Information Practices Act (California Civil Code Section 1798.17) requires the following information to be provided when collecting information from individuals.

It is mandatory that you complete this application with all information that pertains to you and your business. Omission of any item of requested information will result in a delay of the application process and issuance of a license.

The information on this application is required pursuant to California Business and Professions Code Sections 19049 and 19050. The information provided will be used to determine qualifications for licensure as provided by Chapter 3, Division 8 of the Business and Professions Code. 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 any 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. Any individuals may obtain information regarding their records by contacting the Public Records Request Coordinator at the following address and telephone number: P.O. Box 980580, West Sacramento, CA 95798-0580 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. 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 11350.6 of the Welfare and Institutions Code, or 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. 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 State Board of Equalization 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.

Please submit your application to:

BEARHFTI
4244 S. Market Ct., Suite D
Sacramento, CA 95834

Keep this page for your reference – Do not mail with your application

If you have difficulty accessing any material on this application because of a disability, please contact us via telephone at the number or email address listed at the top of the application and we will work with you to make the information available.

APPLICATION FOR THERMAL INSULATION MANUFACTURER LICENSE

Application Fee \$2,000

Make check or money order payable to BHFTI. Checks or money orders must be from a United States bank in United States currency. Each license is issued for a one-year period.

You must complete each section of the application. An original signature is required to process the application. Please print neatly or type.

For Dept Use Only
Receipt #
Fee:
ATS ID#
License #
Registry #

SECTION 1: Applicant Information

1. Name of Business		2. Name of Parent Corporation	
3. Area Code & Phone Number	4. Area Code & Fax Number	5. Web Site Address (URL)	
6. Address of Record (public): If this is not a physical address, you must complete #5			
7. Physical Address, if different:			
8. Mailing Address, if different:			
9. Contact Person	Phone number	Email address	
10. Have you or your firm ever held a license issued by BHFTI? Yes <input type="checkbox"/> No <input type="checkbox"/>			
License #		Expiration Date:	

SECTION 2: Please check the type of insulation(s) you are manufacturing.

<input type="checkbox"/> Cellulose Fiber	<input type="checkbox"/> Isocyanurate	<input type="checkbox"/> Polystyrene	<input type="checkbox"/> Urea-Formaldehyde
<input type="checkbox"/> Cellular Glass	<input type="checkbox"/> Mineral Aggregate	<input type="checkbox"/> Reflective Foil	<input type="checkbox"/> Urethane
<input type="checkbox"/> Fiber Glass	<input type="checkbox"/> Perlite	<input type="checkbox"/> Rock Wool	<input type="checkbox"/> Vermiculite
<input type="checkbox"/> Other: (Please list)			

SECTION 3: Owner/Principal Information – Signatures/Certification

Sole Owner	Name, Title, Phone number, Address, SSN / ITIN, Date of Birth		
Partner	Name, Title, Phone number, Address, SSN / ITIN, FEIN, Date of Birth		
Corporation	Name, Title, Date of Birth		
(1) Name:	Title	Area Code & Telephone Number () -	
Residence Address:			
City	State	Zip Code	Country
SSN / ITIN:	FEIN:	Date of Birth:	
(2) Name:	Title	Area Code & Telephone Number () -	
Residence Address:			
City	State	Zip Code	Country
SSN / ITIN:	FEIN:	Date of Birth:	

11. Are any of the applicants listed in item 10 or 11 (owners, general partners, or corporate officers) currently serving or have previously served in the US military? Yes No

12. Have any of the applicants or persons listed in items 10 or 11 had any state license, certificate or registration revoked, suspended, denied or otherwise been the subject of disciplinary action by BEARHFTI 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.) **Applications will not be processed if this section is not answered.**

13. For all principals listed in item 10 and 11, 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).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Additionally, I understand that upon licensure, I will be subject to all applicable laws and regulations enforced by the Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation.

Individual or Partnership: Applications for partnership must be signed by each partner.

Corporation: Must be signed by a principal officer (e.g. President, CEO, etc.)

Signature

Print Name

Date: _____

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 19050 of the Business and Professions Code. Incomplete applications will be deemed abandoned one year after being returned as incomplete to the applicant.