



Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation
4244 South Market Court, Suite D, Sacramento, CA 95834-1243
P (916) 999-2041 F (916) 921-7279 www.bearhfti.ca.gov



APPLICATION FOR REGISTRATION

Read carefully before submitting an application. If you have any questions, please call BEARHFTI at (916) 999-2041.

SERVICE CONTRACT SELLERS/ADMINISTRATORS

Registration is required for persons who engage in selling, issuing, renewing or administering service contracts sold on or after January 1, 1994, for the following items: Refrigerators, freezers, ranges, microwave ovens, washers, dryers, dishwashers, trash compactors, room air conditioners, televisions, radios, audio or video recorders or playback equipment, including telephone answering devices, antennas, video cameras and monitors, facsimile machines, copiers, computer systems, phone equipment, furniture, home health products, small kitchen appliances and tools, jewelry, fitness equipment, lawn and garden equipment, or power tools normally used or sold for personal, family, household, or home office use, or optical products. Also includes auto radios, stereos, antennas and alarm systems used in private motor vehicles.

Service Contract Administrators must submit the following:

- 1. A copy of a service contract reimbursement insurance policy covering the contracts,
2. A copy of the service contract(s) being sold, issued and/or administered,
3. A copy of the certificate of qualifications as filed with the Secretary of State if the service contractor is located outside California, and
4. A listing of all clients selling your firm's service contracts.

Service Contract Sellers must submit the following:

- 1. A copy of the service contract(s) being sold, issued and/or administered, and
2. A copy of the certificate of qualification as filed with the Secretary of State if the service contractor is located outside California.
3. Evidence of financial backing - please see last page of application for financial backing alternatives.

Attention Internet Retailers:

Offering service contracts for sale to California consumers via the Internet requires a separate registration with the Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation as a service contract seller. If you have any questions about these requirements, please call the Bureau at (916) 999-2041.

GENERAL INFORMATION

The information requested on this application is mandatory pursuant to California Business and Professions Code sections 9830.5, 9855.2 and 9855.3. The information provided will be used to determine qualifications for registration as provided by Chapter 20 of Division 3 of the Business and Professions Code. Failure to provide the requested information will result in the application being rejected as incomplete. 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 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. Individuals may obtain information regarding the location of his or her records by contacting the Public Records Request Coordinator at P.O. Box 980578, West Sacramento, California 95798-0578 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, ITIN or FEIN. 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, 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, and to allow the Office of the Chancellor of the California Community Colleges to measure employment outcomes of students who participated in career technical education programs offered by the California Community Colleges and recommend how these programs may be improved. 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.

This registration is not transferable. This registration shall cease to be valid if not renewed by the annual renewal date established by the Bureau (B&P Section 9832.5). If any changes in ownership, business name and/or address occur, please notify the Bureau in writing within 30 days of the change.

**BUREAU OF ELECTRONIC AND APPLIANCE REPAIR,
HOME FURNISHINGS AND THERMAL INSULATION (BEARHFTI)
APPLICATION FOR REGISTRATION**

- **Read enclosed registration information before filing this application.**
- Each application must be accompanied by the proper fee in the form of a personal check, business check, certified cashier's check or money order made payable to: **BEARHFTI. DO NOT SEND CASH.**
- Signature(s) are required - Unsigned applications **will not** be processed.
- No items of information are voluntary, all are required.

For Department Use Only	
Receipt #:	_____
Reg #:	_____
ID #:	_____

Check appropriate box (See Registration Information):

- Service Contract Administrator \$95 Per Location
- Service Contract Seller \$95 Per Location

Read all information prior to completing this application. You must complete all information that applies to your business. Please type or print neatly.

1. Name of Business:		Area Code & Phone Number () -	Area Code & Fax Number () -
2. Web Site Address:			
3. Address of Record: If this is not a physical address, you must complete #4			
4. Physical Address:			
5. Mailing Address:(If Different)			
6. Corporate Name: (If Different)			
7. Corporate Headquarters Address (If Different):			
8. Contact Person:	Area Code & Phone Number		Email
9. Is your business a repair dealer or manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. SOLE PROPRIETOR/PARTNERSHIP: Print owner's and each partner's name, residence address, date of birth, and social security number (SSN) or Individual Taxpayer Identification Number (ITIN). If a partnership, additionally list FEIN number. (Attach additional sheets if necessary.)			
(1)Name:		Area Code & Phone #	Date of Birth:
Residence Address:			
City		State	Zip
SSN / ITIN:	FEIN: (If Partnership)		Identification Number**:
(2)Name:		Area Code & Phone #	Date of Birth
Residence Address:			
City		State	Zip
SSN / ITIN:	FEIN: (If Partnership)		Identification Number**:

** Identification Number: See BEAR regulations, Section 2756(h), which states that an official identification from a state or federal government, such as a driver's license number, state identification number or passport number must be used.

11. Corporation LLC: List all officers/members with titles and identification number (SSN, driver's license or passport number), indicating officer(s) in charge of the service contract program. (Attach additional sheets if necessary.)

(1)Name:		(3)Name:	
Title	Date of Birth:	Title	Date of Birth:
Identification Number**:		Identification Number**:	
(2)Name:		(4)Name:	
Title	Date of Birth:	Title	Date of Birth:
Identification Number**:		Identification Number**:	

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

13. Have any of the applicants in Item 10 or 11 (owners, general partners, or corporate officers) had any state license, certificate or registration revoked, suspended, denied or otherwise been the subject of disciplinary action by the BEARHFTI or any other state agency? Yes No If answer is yes, give the particulars of each. (Attach additional sheets if necessary).
Application will not be processed if this section is not answered.

14. 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).

15. For Service Contract Sellers: If you sell contracts issued by a Third Party Administrator, provide the company name and registration number (if known) for each type of contract sold.

(Attach additional pages if necessary)

16. Current value of all service contracts in force (sold on or after January 1, 1994):\$ _____

(Full sales price of the service contracts paid by the service contract holder at the time of purchase). **Not applicable for service contracts covered by a service contract reimbursement policy, or for sellers of manufacturers' contracts**

** Identification Number: See BEAR regulations, Section 2756(h), which states that an official identification from a state or federal government, such as a driver's license number, state identification number or passport number must be used.

17. Attachments: Please check the following documents that apply and include with your application.

For Service Contracts Sellers and Administrators:

- Copy of the certificate of qualification filed with Secretary of State if the service contractor is a foreign corporation.
- A copy of the service contract(s) being sold, issued and/or administered

For Service Contract Administrators:

- List of all clients selling your firm's service contract(s).
- A service contract reimbursement insurance policy
Carrier: _____ Policy #: _____

One of the following for Service Contract Sellers:

- A service contract reimbursement insurance policy.
Carrier: _____ Policy #: _____
- Most recent annual report of Form 10-K or 20-F required by the Securities and Exchange Commission.
- Most recent audited financial statement reflecting a net worth of not less than \$100,000,000.
- Evidence that service contracts are administered by a service contract administrator who has obtained a service contract reimbursement insurance policy covering the seller's service contracts.
- Evidence of a funded account held in escrow equal to a minimum of 25% of the deferred revenue from the service Contracts in force. Please provide a copy of the funded escrow account agreement.
- Financial Institution: _____ Account #: _____
- Evidence that contracts are issued by a manufacturer who has provided financial backing by any of the above methods.

18. Certification:

I certify, under penalty of perjury, under the laws of the State of California, that the forgoing 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.

Sole Proprietor or Partners:

An application for Sole Proprietor **MUST BE** signed by the applicant.
An application for Partnership **MUST BE** signed by **ALL** partners.

Corporation/LLC:

An application for a Corporation or LLC **MUST BE** signed by at least one principal **AND** all the officer(s)/member(s) in charge of the service contract program

Signature Title

Print Name

Signature Title

Print Name

Date: _____

Date: _____

Signature Title

Print Name

Signature Title

Print Name

Signature Title

Print Name

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 9830.5 of the Business and Professions Code. Incomplete applications will be deemed abandoned one year after being returned as incomplete to the applicant.