



## APPLICATION FOR REGISTRATION

**Read carefully before submitting an application. If you have any questions, please call the Bureau of Household Goods Services (Bureau) at (916) 999-2041.**

### SERVICE CONTRACT SELLERS AND ADMINISTRATORS

Registration is required for persons who engage in selling, issuing, renewing or administering service contracts relating to the maintenance, replacement, or repair of consumer goods, which includes any new or used product or part thereof that is used, bought, or leased for use primarily for personal, family, or household purposes, including assistive devices.

#### Attention Internet Retailers

Offering service contracts for sale to California consumers requires one registration for each location/method of sale. A website that utilizes a separate location from brick and mortar locations will require its own registration.

#### 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 holds a physical location within the State of 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,
2. A copy of the certificate of qualification as filed with the Secretary of State if the service contractor is located outside California **AND** holds a physical location within the State of California, and
3. Evidence of financial backing – ***please see last page of application for financial backing alternatives.***

Service contract forms must be identified by a unique form number and date of last revision and must be filed with the Bureau with all documents incorporated by reference into the service contract no later than 30 days before its use.

### GENERAL INFORMATION

The information requested on this application is mandatory pursuant to California Business and Professions Code (BPC) 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 BPC. Failure to provide the requested information will result in the application being rejected as incomplete. The collection of this information is authorized by the BPC section 30 and the Information Practices Act (Civil Code section 1798, et seq.). Personal information may be disclosed in the following circumstances: pursuant to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by law, or in support to a court or administrative order.

You have a right to access records containing your personal information maintained by the Department of Consumer Affairs, unless the records are specifically exempted from disclosure by law. Individuals may obtain information regarding the location of his or her records by contacting the Public Records Request Coordinator at 4244 South Market Court, Suite D, Sacramento, CA 95834 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 mandatory for partnerships.**

Collecting your SSN, ITIN, and FEIN is required by BPC sections 30 and 31, and Public Law 94-455 (42 USCA 405(c)(2)(C)). SSNs, ITINs, or FEINs are used exclusively for the purposes of tax enforcement, compliance with any judgment or order for family support in accordance with Family Code section 17520, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, and investigation of tax evasion and violations of cash-pay reporting laws as set forth in the Unemployment Insurance Code section 329. If you fail to disclose your SSN, ITIN, or FEIN, your application for initial or renewal license will not be processed, AND you will be reported to the Franchise Tax Board (FTB), which may assess a penalty against you per the Revenue and Tax Code section 19528.

**NOTICE:** Effective July 1, 2012, the California Department of Tax and Fee Administration and the FTB 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. (BPC section 9832.5). If any changes in ownership, business name, and/or address occur, you must notify the Bureau in writing within 30 days of the change. (BPC section 9833).

# BUREAU OF HOUSEHOLD GOODS AND SERVICES 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: **BHGS**.
- **DO NOT SEND CASH.**
- Signature(s) are required – unsigned applications **will not** be processed.
- No items of information are voluntary. All fields 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: <b>If this is not a physical address, you must complete #4</b>			
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. <input type="checkbox"/> <b>Sole Proprietor</b> <input type="checkbox"/> <b>Partnership</b> : 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 Federal Employer Identification Number (FEIN). (Attach additional sheets if necessary.)			
(1) Name:			
Area Code & Phone Number:		Date of Birth:	
Residence Address:			
City:	State:	Zip:	
SSN/ITIN:	FEIN: (If a Partnership)		Identification Number**:
(2) Name:			
Area Code & Phone Number:		Date of Birth:	
Residence Address:			
City:	State:	Zip:	
SSN/ITIN:	FEIN: (If a Partnership)		Identification Number**:

**\*\* Title 16 of the California Code of Regulations (CCR) section 2756, subdivision (h), requires 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:		(2) Name:	
Title:	Date of Birth:	Title:	Date of Birth:
Identification Number**:		Identification Number**:	
(3) Name:		(4) Name:	
Title:	Date of Birth:	Title:	Date of Birth:
Identification Number**:		Identification Number**:	

**12(a).** Are any of the applicants in items 10 or 11 currently serving, or previously served, in the US military? ☐ Yes ☐ No

If you selected Yes, please provide evidence of your current military duty (copy of your military orders), or your previous military service (copy of your DD 214 – Certificate of Release or Discharge from Active Duty).

**12(b).** Are you married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under active duty military orders? ☐ Yes ☐ No

If you selected Yes, please attach a copy of the marriage certificate or certified declaration/registration of domestic partnership AND copies of current Leave and Earnings Statements or military order establishing duty station in California.

**13.** Business and Professions Code section 135.4 provides that the Bureau must expedite, and may assist, the initial licensure process for certain applicants described below. Do any of the following statements apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

☐ Yes ☐ No

If you selected Yes, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

**14.** Have any of the applicants in items 10 or 11 had any state license, certificate or registration revoked, suspended, denied or otherwise been the subject of disciplinary action by the BHGS or any other state agency? ☐ Yes ☐ No

If you selected Yes, give the particulars of each disciplinary action taken against your license, certificate, or registration. Attach additional sheets if necessary. **Applications will not be processed if this section is not answered.**

**15.** For all principals listed in items 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, 1203.41, 1203.42, or 1203.425 of the California Penal Code or equivalent non-California law MUST be disclosed.** ☐ Yes ☐ No

If you selected 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, 1203.41, or 1203.42, submit a certified copy of the court order dismissing the conviction(s) with your application.** (Attach additional sheets if necessary).

**16.** 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 sheets if necessary.

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Registration Number: \_\_\_\_\_ Registration Number: \_\_\_\_\_

\*\* Title 16 of the California Code of Regulations (CCR) section 2756, subdivision (h), requires 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. Current value of all service contracts in force: \$\_\_\_\_\_ (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.**

**18. Checklist of Required Documents:** Include the following documents 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.

**19. Certification**

I certify, under penalty of perjury, under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this application. Additionally, I acknowledge that upon licensure, I will be subject to all applicable laws and regulations enforced by the Bureau of Household Goods and Services.

**Sole Proprietor or Partnership:**

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

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Print Name Date

**Corporation or 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 Date

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Print Name Date