



**STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
REGISTRATION AND TITLING PROGRAM**

DEPARTMENT USE ONLY
NEW DECAL #
OLD DECAL #

**APPLICATION FOR REGISTRATION
(New Title Information only)**

Name of Manufacturer	Trade Name	Date of Manufacture	Model Name or #	ILT Exemption	Date First Sold New
DECAL/LICENSE #	MANUFACTURER SERIAL NUMBER(S)	HUD LABEL OR HCD INSIGNIA #	LENGTH (Inches)	WIDTH (Inches)	WEIGHT (pounds)

ADD UNITS <input type="checkbox"/> DEPARTMENT USE ONLY	USE CODE	EXPIRATION DATE	TAX TYPE				ORIG COST PRICE	CODE	YR	SALE PRICE	PPF
			ILT	EXT	LPT	PPT					
	DTN NUMBER(S)		DTN DATE(S)				CLERK'S INITIALS	SALE DATE		RF	
										ILT	

Registered Owner(s) [Print true name(s)]	Last	First	Middle	MRF	
	1.				PEN 1
	2.				PEN 2
3.				TRF	

If applicable, check one of the following: TENCOM OR JTRS TENCOM AND COMPRO COMPRORS

Current Mailing Address	Street	DUPT
	City County State Zip	

Future Mailing Address (if different than above)	Street	SUBD
	City County State Zip	

Effective Date >

Situs (Location) Address of unit	Street	RREG
	City County State Zip	

Legal Owner (Lienholder) [Print true name(s)]		PLT

If applicable, check one of the following: TENCOM OR JTRS TENCOM AND COMPRO COMPRORS

Mailing Address	Street	ASF
	City State Zip	

Junior Lienholder [Print true name(s)]		CCP

If applicable, check one of the following: TENCOM OR JTRS TENCOM AND COMPRO COMPRORS

Mailing	Street	TOTAL
	City State Zip	

ADD JR/LH **NOTE: APPLICANT, PLEASE READ AND COMPLETE THE QUESTIONNAIRE ON THE REVERSE SIDE.**

I/We certify under penalty of perjury that the statements made in this application are true and correct.

Executed on _____ at _____

Signature(s) of Above Registered Owner(s)	1.
	2.
	3.

REGISTRATION QUESTIONNAIRE

1. Use Description:

The Described unit on the reverse side of this application is a:

- A. Manufactured Home/Mobilehome and is constructed as a
 Single Family Dwelling or a Multi-unit Manufactured Housing
- B. Commercial Modular and is constructed to be used as a _____
(Office, School, Store, etc.)
- C. Floating Home
- D. Truck Camper

2. Last Registration Information:

- A. Is this a new unit? yes no
If "NO", enter the date the unit was first sold new: _____
- B. Has this unit been registered in California or any other State? yes no
If "YES", enter the state and the date the unit was last registered in: _____
- C. **Enter the month, day, and year the unit entered California:** _____
- D. When the unit was last licensed, what state were you a resident of? _____
- E. Are you a resident of California yes no
If "YES", when did you become a resident? _____
- F. Are you gainfully employed or in business in California? yes no
If "YES", enter the date you became employed or entered into business: _____

3. Title Information:

- A. Except for any accompanying titles, are there any outstanding titles for this unit issued by any state? yes no
- B. Is this unit now being used as security for any lien(s) other than the lien(s) shown (if any) on the reverse side of this application? yes no

4. Purchase Dates and Price:

- A. This unit was purchased from a: dealer manufacturer individual
- B. Enter the date of sale: _____
- C. Enter the date of delivery or installation: _____
- D. The purchase price or sale price of this unit was:
 - 1) Base unit (do not include sales tax, finance charges, transportation or installation charges) \$ _____
 - 2) Unattached accessories (skirting, awning, refrigerator, etc.) \$ _____
 - TOTAL \$ _____

5. Exemption Information:

- A. Are you an active duty member of the U.S. Armed Forces? yes no
- B. When this unit was last licensed, were you on active duty as a member of the U.S. Armed Forces? yes no
If "YES", enter the state or country where you were stationed: _____
- C. Is the unit installed on the tax-free portion of a military reservation? yes no
- D. Are you a member of a Federally Recognized American Indian Tribe? yes no
Enter the name of the Federal Indian Reservation or Rancheria and the date(s) the unit was located there:

- E. Are you a disabled veteran? yes no
If "YES", enter the state or country where you were stationed _____
- F. Are you requesting exempt registration? yes no
Exempt registration is being requested based on the fact that this unit is owned or leased (the unit must be registered in the exempt party's name) by the following exempt organization:
 - U.S. Government State Agency City or County Agency
 - Civil Air Patrol Fire Department Consul or Other Foreign Government Official
 - Public School Other Political Subdivision (enter the agency or organization name below): _____