DEPARTMENT USE ONLY		DEPARTMENT USE ONLY
TRANS CODE	**STATE OF CALIFORNIA** **BUSINESS, TRANSPORTATION AND HOUSING AGENCY** **DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT** **DIVISION OF CODES AND STANDARDS** **REGISTRATION AND TITLING PROGRAM**	**NEW DECAL #**
	APPLICATION FOR DUPLICATE **REGISTRATION CARD**	**STICKER #**
SITUS CC		**OLD DECAL #**

Manufacturer Trade Name	ILT Exemption	Date First Sold New

DECAL/LICENSE #	MANUFACTURER SERIAL NUMBER(S)	HUD LABEL OR HCD INSIGNIA #

DEPARTMENT USE ONLY	USE CODE	EXPIRATION DATE	TAX TYPE				ORIG COST CODE	YR	CLERK'S INITIALS	PPF
			ILT	EXT	LPT	PPT				RF
	RECEIPT NUMBER(S)			RECEIPT DATE(S)						ILT

Registered Owner(s) [print true name(s)]		Last	First	Middle		MRF
	1.					PEN1
	2.					PEN2
	3.					
Current Mailing Address	Street					TRF
	City	County	State	Zip		TOD
Future Mailing Address (if different than above)	Street					DUPT
	City	County	State	Zip		DUPR
						SUBD
Situs (location) **Address of unit**	Street					CONF
	City	County	State	Zip		REPO
Legal Owner (lienholder) [print true name(s)]						RREG
						RSF
Mailing Address	Street	City	State	Zip		PLT
						SIT
First Junior Lienholder (print true name)						UTP / RT
						ASF
Mailing Address	Street	City	State	Zip		CCP
Second Junior Lienholder (print true name)						
						TOTAL
Mailing Address	Street	City	State	Zip		
Mobilehome Park	Park Name					
	Operator Name					

I/We certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the registration card has been: ☐ Lost, ☐ Stolen, ☐ Mutilated, ☐ Illegible, or ☐ Not Received

Executed on _____ at _____
(Date)   (City)   (State)

Signature of Applicant _____

HCD 481.2 (7/97)