



**THERMAL INSULATION MANUFACTURER
 APPLICATION FOR 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.

<i>For Dept Use Only</i>
Receipt #
Fee:
ATS ID#
License #
Registry #

SECTION 1: Applicant Information			
1) Name of Business		Name of Parent Corporation	
2) Name of Applicant			
3) Area Code & Phone Number	Area Code & Fax Number	Web Site Address (URL)	
4) Address of Business:			
5) Mailing Address:			
6) Contact Person	Phone number	Email address	
6) 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"/> Polystyrene	<input type="checkbox"/> Reflective Foil	<input type="checkbox"/> Rock Wool
<input type="checkbox"/> Cellular Glass	<input type="checkbox"/> Urea-Formaldehyde	<input type="checkbox"/> Urethane	<input type="checkbox"/> Vermiculite
<input type="checkbox"/> Fiber Glass			
<input type="checkbox"/> Isocyanurate			
<input type="checkbox"/> Mineral Aggregate			
<input type="checkbox"/> Perlite			
<input type="checkbox"/> Other: (Please list)			

SECTION 3: Owner/Principal Information – Signatures/Certification

For Sole Owner: Provide name, address, Social Security Number (SSN)

For Partnership: Provide names, addresses, Federal Employer Identification Number (FEIN)

For Corporations: Provide names, addresses of officers (provide attachment if additional space is needed)

Name:	Title or Position:
SSN (Sole Owner):	FEIN (Partnership):

Address:

Name:	Title or Position:
SSN (Sole Owner):	FEIN (Partnership):

Address:

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	_____ Signature
_____ Print Name	_____ Print Name
_____ Signature	_____ Signature
_____ Print Name	_____ Print Name

Date: