



DEPARTMENT OF CONSUMER AFFAIRS
Bureau of Electronic and Appliance Repair,
Home Furnishings and Thermal Insulation (BEARHFTI)
 Post Office Box 980580, West Sacramento, CA 95798-0580
 (916) 574-0280 FAX (916) 574-2043
www.bearhfti.ca.gov



APPLICATION FOR IMPORTER'S LICENSE

Importer: Means a person who manufactures or wholesales, through employees or agents, any article of upholstered furniture, bedding, or filling material manufactured outside of the United States for the purpose of sale or resale in California (Home Furnishings and Thermal Insulation Act, Article 3, Section 19011.1).

It shall be unlawful for any person to engage in a business regulated by the Home Furnishings Act unless, at the time of doing so, he/she holds a valid, unexpired license to engage in such business (Home Furnishings and Thermal Insulation Act, Article 3, Section 19049).

Applications and Fees sent by courier must be delivered to 1625 North Market Blvd., Suite S-100, Sacramento, CA 95834.

To obtain an Importer license, an applicant shall submit this **Application for Importer License along with the appropriate fee** to the Bureau's Licensing Division. Each license is issued for a two-year period.

Make check or money order for \$650.00 payable to the Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation. Checks or money orders must be from a United States bank in United States currency. Do Not Send Cash. Mail completed application form and fees to the above address.

Wire transfers will not be accepted.

You must complete all information on both sides of the application (Sections 1, 2, 3, and 4) that applies to your business. **An original signature is required to process the application.** Please type or print your information.

It is mandatory that you complete this application with all information that pertains to your business. Omission of any item of requested information will result in a delay of the application process and issuance of a license.

Registry Number. The location of every manufacturer or importer who manufactures shall bear a separate registry number. A registry number uniquely identifies each location (branch house) of a licensed manufacturer, importer. The registry number must appear on the law label that is attached to all upholstered furniture, bedding or filling materials.

Every person who is subject to licensure shall obtain a separate license for each business location. Anyone whose manufacturing plant is located in another state or foreign country, and who is licensed to manufacture upholstered furniture or bedding or filling material for sale in California, may have one wholesale outlet operated in the same name in California, covered by the license issued to the factory (Section 19060).

Disclosure of the applicant's Social Security number (SSN) and federal employer identification numbers (FEIN) if you are a sole proprietorship or partnership is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C)) authorizes collection of your SSN and FEIN. Your SSN or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order of family support in accordance with Section 17520 of the Family Code, or for verification by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application for initial license will not be processed, and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

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 license may be suspended if the state tax obligation is not paid.

Keep this page for your reference. Do not mail with your application

If you have difficulty accessing any material on this application because of a disability, please contact us in writing or via telephone at the number or e-mail address listed at the top of the application and we will work with you to make the information available.



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For Department Use Only	
Receipt #:	
Fee:	
File I.D.#:	
Class or Type:	
License #:	
Registry #:	

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SECTION 1: Applicant Information					
1) Name of Business (DBA)					
2) Address of Business (Address of Record)		City	State	Zip Code	Country
3) Mailing Address (If Different from Address of Record)		City	State	Zip Code	Country
4) Area Code & Phone Number () -	Area Code & Fax Number () -	Web Site Address (URL)			
5) Corporate Name or Parent Company					
6) Corporate Headquarters Address		City	State	Zip Code	Country
7) Contact Person		e-mail Address			
8) Have you or your firm ever held a license issued by the BHFTI? Yes <input type="checkbox"/> No <input type="checkbox"/>					
License #:		Expiration Date:			
9. <input type="checkbox"/> SOLE PROPRIETOR/PARTNERSHIP: Print owner's name(s), residence address(es), and social security number(s) (SSN). If a partnership, also list FEIN number. (Attach additional sheets if necessary.)					
(1)Name:		Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is yes, complete Item 12. Application will <u>not</u> be processed if this section is not answered.			
Residence Address: Number and Street					
City	State	Zip Code	Country	Area Code & Telephone Number () -	
SSN:	FEIN: (If Partnership)				
(2)Name:		Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is yes, complete Item 12. Application will <u>not</u> be processed if this section is not answered.			
Residence Address: Number and Street					
City	State	Zip Code	Country	Area Code & Telephone Number () -	
SSN:	FEIN: (If Partnership)				

10. o Corporation: Print names, titles and addresses of officers. (If additional space is needed, provide the information as an attachment.)			
Name:		Title or Position:	
Address: _____ City _____ State _____ Zip code _____ Country _____		Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is yes, complete Item 12. Application will <u>not</u> be processed if this section is not answered.	
Name:		Title or Position:	
Address: _____ City _____ State _____ Zip Code _____ Country _____		Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is yes, complete Item 12. Application will <u>not</u> be processed if this section is not answered.	
11. Have any of the applicants, their spouses, any employee(s), partner(s), joint venture(s), officer(s), or member(s) had any state license, certificate or registration revoked, suspended, denied or otherwise been the subject of disciplinary action by the Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation or any other state agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is yes, complete Item 12. Application will <u>not</u> be processed if this section is not answered.			
12. If you answered YES to having ever been convicted of a felony or misdemeanor in Items 9, 10 or answered YES to Item 11, give the particulars of each, including penal code sections and/or criminal case numbers. (Attach additional sheets if necessary)			
13. Do you plan to use the registry number of another state? (If yes, please attach a copy of your valid license from the other state). Yes <input type="checkbox"/> No <input type="checkbox"/>			
14. Sales Tax Permit Number: _____ (Assigned by California State Board of Equalization) (California based business only)			
SECTION 2: Business Activities. Please check the types of business activities in which in which you are engaged (Check all boxes that apply)			
<input type="checkbox"/> Import Furniture	<input type="checkbox"/> Import Bedding	<input type="checkbox"/> Manufacture Furniture	
<input type="checkbox"/> Supply Dealer	<input type="checkbox"/> Wholesale Furniture	<input type="checkbox"/> Wholesale Bedding	
<input type="checkbox"/> Catalog Sales	<input type="checkbox"/> Manufacture Bedding	<input type="checkbox"/> Sales via the Internet	
SECTION 3: Please check the products below that you will be licensed to import, manufacture, wholesale, or supply under the Home Furnishings Act (Check all boxes that apply)			
<input type="checkbox"/> Upholstered chairs	<input type="checkbox"/> Sofas	<input type="checkbox"/> Children's Furniture & Bedding	<input type="checkbox"/> Rebuilt Mattresses
<input type="checkbox"/> Futons	<input type="checkbox"/> Mattresses	<input type="checkbox"/> Polyurethane Foam	<input type="checkbox"/> Children's Furniture
<input type="checkbox"/> Battings/Loose Fill	<input type="checkbox"/> Stacking Chairs	<input type="checkbox"/> Comforters/Pillows	<input type="checkbox"/> Other: _____
SECTION 4: Certification			
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: Note: An application for Partnership must be signed by each partner.		Corporation: Note: An application for a corporation must be signed by at least one of the corporate officers.	
Signature _____	Title _____	Signature _____	Title _____
Print Name _____	Date _____	Print Name _____	Date _____
Signature _____	Title _____	Signature _____	Title _____
Print Name _____	Date _____	Print Name _____	Date _____

If you have difficulty accessing any material on this application because of a disability, please contact us in writing or via telephone at the number or e-mail address listed at the top of the application and we will work with you to make the information available.