



# REQUEST FOR CHANGE OF QUALIFYING MANAGER

**FEE \$25**

**FOR BOARD USE ONLY**

Cashiering No.	
Checked by:	Effective Date

PLEASE PRINT OR TYPE

<b>Company Name</b>	<b>Principal Registration No.</b>
(Address) (City) (State) (Zip)	<b>Telephone Number</b> Area Code ( )
<b>Former Qualifying Manager</b>	<b>License No.</b>
<b>New Qualifying Manager</b>	<b>License No.</b>

I hereby certify under the penalty of perjury under the laws of the State of California that I have disassociated as qualifying manager from the above company effective \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please do the following with my license.**

- inactive                       cancel                       employee of this company  
 employee of a different company (If changing employment, complete & attach a transfer of employment form.)

I accept responsibility as qualifying manager of the above company effective \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**License No.** \_\_\_\_\_ **Branch Qualifying** \_\_\_\_\_

I certify under the penalty of perjury under the laws of the State of California that this change of qualifying manager is not for the purpose of defrauding creditors, or any other person or persons for circumventing the provisions of the Business and Professions Code of California or any other law of the United States, State of California or any political subdivision thereof.

Print Name	Signature	Title	Date

- A sole owner must sign this application personally.
- A partnership application must be signed by each partner.
- A corporate application must be signed by an officer of the corporation or a shareholder.

**Each Qualifying Manager must sign this application.**