

CORPORATE OFFICER/LLC MEMBER REGISTRATION UPDATE CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

You must submit supporting documentation (for example, a certified copy of the current *Statement of Officers* filed with the Secretary of State's office or a copy of the corporate minutes stating a change of officer) with this form.

BUSINESS NAME		CDTFA ACCOUNT NUMBER
ENTITY NUMBER		FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)
BUSINESS TELEPHONE NUMBER ()	FAX NUMBER ()	CONTACT PERSON
EMAIL ADDRESS (of your corporate officer designated to handle tax matters)		

Use additional sheets to include information for more than three individuals.

CORPORATE OFFICER/LLC MEMBER

NAME	TITLE	DRIVER LICENSE NUMBER
HOME ADDRESS (street, city, state ZIP Code)		HOME TELEPHONE NUMBER ()
EMAIL ADDRESS		MOBILE NUMBER ()

CORPORATE OFFICER/LLC MEMBER

NAME	TITLE	DRIVER LICENSE NUMBER
HOME ADDRESS (street, city, state ZIP Code)		HOME TELEPHONE NUMBER ()
EMAIL ADDRESS		MOBILE NUMBER ()

CORPORATE OFFICER/LLC MEMBER

NAME	TITLE	DRIVER LICENSE NUMBER
HOME ADDRESS (street, city, state ZIP Code)		HOME TELEPHONE NUMBER ()
EMAIL ADDRESS		MOBILE NUMBER ()

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS)

PLEASE LIST YOUR PRIMARY BUSINESS ACTIVITY OR NAICS CODE

TYPE OF BUSINESS YOU ARE ENGAGED IN (please check appropriate box)

- Retail
 Wholesale
 Construction Contractor
 Manufacturer
 Service
 Leasing
 Repair

WHAT DO YOU SELL?

CERTIFICATION

(All Corporate Officers/LLC Members must sign below)

I am duly authorized to sign this application and certify that the statements made are correct to the best of my knowledge and belief. I also represent and acknowledge that the applicant will be engaged in or conduct business as a seller or purchaser of tangible personal property.

PRINTED NAME	SIGNATURE	DATE
PRINTED NAME	SIGNATURE	DATE
PRINTED NAME	SIGNATURE	DATE

Return this form to your local California Department of Tax and Fee Administration [office](#).