PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

STATEMENT OF RESIDENCE

The Public Utilities Code Section 5135 provides that a household goods carrier operating authority shall not be issued unless it has been shown that applicant meets one of the following residency requirements: 1) ***If an individual,*** applicant shall have resided in the State of California continuously for not less than 90 days immediately preceding the filing of the application; 2) ***If a partnership,*** the partner having the largest percentage interest in the partnership shall have resided in the State of California continuously for not less than 90 days immediately preceding the filing of the application; or 3) ***If a corporation,*** applicant shall be a domestic corporation or be qualified to transact business in the State of California as a foreign corporation at the time of filing the application.

COMPLETE THE APPLICABLE CERTIFICATION:

INDIVIDUAL: I, _____, have resided in the State of California continuously for not less than 90 days immediately preceding the filing of this application at:

_____
STREET ADDRESS CITY COUNTY ZIP CODE

PARTNERSHIP: I, _____, partner having the largest percentage interest, have resided in the State of California continuously for not less than 90 days immediately preceding the filing of this application at:

_____
STREET ADDRESS CITY COUNTY ZIP CODE

I, _____, one of the equal partners, have resided in the State of California continuously for not less than 90 days immediately preceding the filing of this application (Any one of the equal partners may complete the certification) at:

_____
STREET ADDRESS CITY COUNTY ZIP CODE

CORPORATION: _____, (Name of Corporation), is qualified to transact business in the State of California on the date of this application.

CERTIFICATION

I (we) certify (or declare), under penalty of perjury, that I (we) have read and understand the residence requirements stated above; that I (we) have completed the applicable certification; and that this completed certification is true and correct.

Date _____ _____

_____
Signature of Applicant(s)

If applicant is a corporation: _____
Signature of Corporate Officer

_____
Title of Corporate Officer