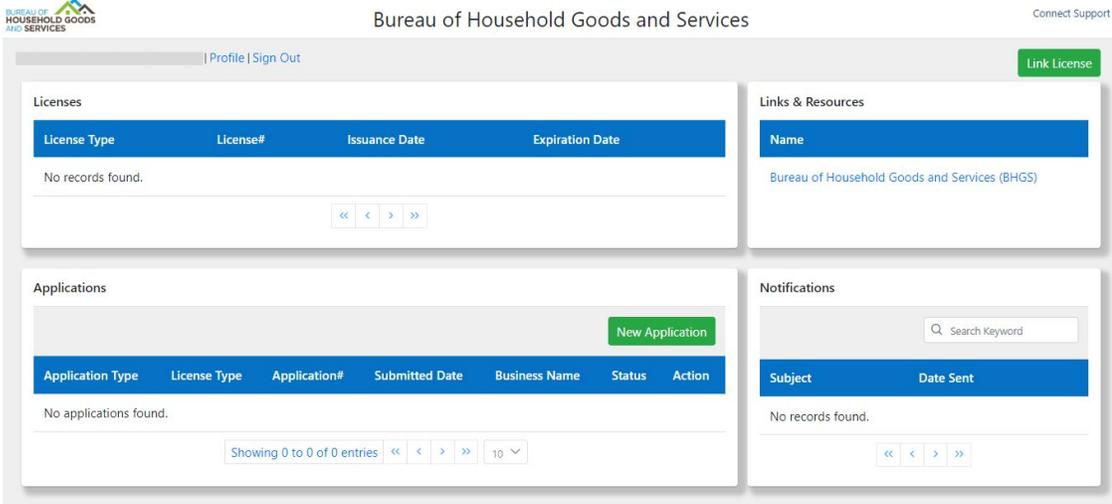
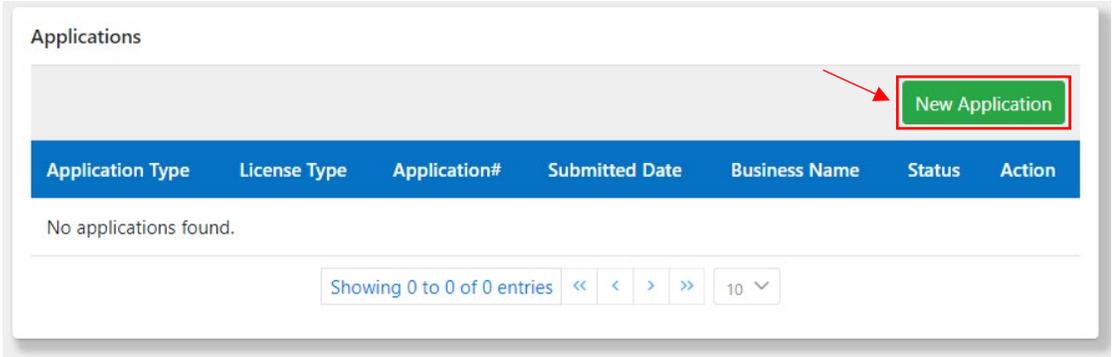




CONNECT APPLICATION GUIDE

Bureau of Household Goods and Services

Household Movers (HHM) Initial Application

SCREEN	ACTION
 <p>The screenshot shows the BHGS User Dashboard. At the top, there is a header with the Bureau of Household Goods and Services logo and a 'Connect Support' link. Below the header, there are four main sections: 'Licenses', 'Applications', 'Links & Resources', and 'Notifications'. The 'Licenses' section has a table with columns for License Type, License#, Issuance Date, and Expiration Date, and a 'No records found.' message. The 'Applications' section has a 'New Application' button and a table with columns for Application Type, License Type, Application#, Submitted Date, Business Name, Status, and Action, with a 'No applications found.' message. The 'Links & Resources' section has a 'Name' column and a link for 'Bureau of Household Goods and Services (BHGS)'. The 'Notifications' section has a search bar and a table with columns for Subject and Date Sent, with a 'No records found.' message.</p>	<p>1. Locate the BHGS User Dashboard.</p>
 <p>This is a close-up of the 'Applications' section from the dashboard. It shows a 'New Application' button in a green box with a red border. A red arrow points to the button. Below the button is a table with columns for Application Type, License Type, Application#, Submitted Date, Business Name, Status, and Action. Below the table is a 'No applications found.' message and a pagination control showing 'Showing 0 to 0 of 0 entries' and a dropdown menu set to '10'.</p>	<p>2. Click the 'New Application' button on the top right of the 'Applications' pane.</p>



CONNECT APPLICATION GUIDE

Bureau of Household Goods and Services

Household Movers (HHM) Initial Application

Application Type Selection

Welcome to the Bureau of Household Goods and Services online application. Please do not proceed if you have already submitted a paper application to the Bureau, on or before March 13, 2023. Instead, you can call us at (916) 999-2041 Monday through Friday 8:00 a.m. to 5:00 p.m. Pacific Time to check on the status of that application.

Please choose the appropriate application based on your business.

Carefully read the general information and instructions that immediately precede each application and follow the specific instructions that are contained throughout the application to help ensure that your application is complete and accurate.

Application

Household Movers (HHM) Initial Application

Create Application Cancel

3. Click the dropdown and select **'Household Movers (HHM) Initial Application'**.



CONNECT APPLICATION GUIDE

Bureau of Household Goods and Services

Household Movers (HHM) Initial Application

Application Type Selection

Welcome to the Bureau of Household Goods and Services online application. Please do not proceed if you have already submitted a paper application to the Bureau, on or before March 13, 2023. Instead, you can call us at (916) 999-2041 Monday through Friday 8:00 a.m. to 5:00 p.m. Pacific Time to check on the status of that application.

Please choose the appropriate application based on your business.

Carefully read the general information and instructions that immediately precede each application and follow the specific instructions that are contained throughout the application to help ensure that your application is complete and accurate.

Application

4. With the HHM application selected, click the green '**Create Application**' button.

- Instructions ✕
- Type of Business ✕
- Statement of Ownership ✕
- Business (Company) Information ✕
- Military or Special Considerations ✕
- Statement of Residency ✕
- Associations With Partnership ✕

Household Movers Initial Application

➤ Instructions

APPLICATION FOR HOUSEHOLD MOVERS PERMIT TO ENGAGE IN THE BUSINESS OF TRANSPORTATION OF HOUSEHOLD GOODS AND PERSONAL EFFECTS FOR-HIRE OVER THE PUBLIC HIGHWAYS OF THE STATE OF CALIFORNIA

Household movers, those who use motor vehicles to transport household goods for-hire on public roads in California, must know and obey all state laws, rules, and regulations enforced by the Department of Consumer Affairs, Bureau of Household Goods and Services.

The following contains general licensing information for household movers. Further information may be obtained by calling the Division of Household Movers in Sacramento at (916) 999-2041, Option 1. Written correspondence may be addressed to: BHGS, Division of Household Movers, 4244 South Market Court, Suite D, Sacramento, CA 95834.

State law requires that a permit must be obtained to operate as a household mover. A non-refundable filing fee of \$500 is required at the time of application submission. An incomplete application will delay the processing and if not corrected, will constitute cause for denial of the application.

Household Mover as Defined by the Household Movers Act
 Business and Professions Code section 19225.5, subdivision (h) defines a "Household Mover" as:
 Every corporation or person, their lessees, trustee, receivers, or trustees appointed by any court whatsoever, engaged in the permitted or unpermitted transportation for compensation or hire as a business by means of a motor vehicle or motor vehicles being used in the transportation of used household goods and personal effects over any public highway in this state. A broker, as defined in subdivision (a), shall be considered a household mover. The Legislature intends "household mover" to have the same meaning as "household goods carrier" in former Section 5109 of the Public Utilities Code, as that section read on June 30, 2018.

SURETY BOND REQUIREMENT
Protection of Collect on Delivery (C.O.D.) Shipments
 General Order Series 84 requires the filing of a surety bond with the Bureau in the amount of not less than two thousand dollars (\$2,000) before any mover may lawfully handle C.O.D. shipments. This General Order also contains other regulations pertaining to the handling of Collect on Delivery Shipments.

OTHER RELATED INFORMATION
Transportation Rate Fund Fees and Uniform Business License Taxes: All household movers transporting property for compensation subject to regulation by the Bureau are required to: 1) File quarterly revenue reports on forms provided by the Bureau; 2) Pay a \$15 administrative fee plus a percentage of their gross operating revenues; and 3) pay the appropriate uniform business license tax. You will receive notification on these reports after your permit is granted.

Temporary Suspension of Operating Authority at Request of Mover: Household movers may request a temporary suspension of their operating authority for a period not to exceed one year (voluntary suspension) when their equipment is temporarily taken out of for-hire service. Movers requesting temporary suspension must file a Request for Voluntary Suspension (HHM 661) with the Bureau and pay a \$50 fee.

Termination of Operating Authority: A household movers' permit not exercised for a period of one year (including periods of voluntary suspension) shall lapse and terminate.

Transfer of Permits: No permit shall be sold, leased, assigned or otherwise transferred or encumbered by the holder thereof without first securing authorization from the Bureau. Application requesting authorization to transfer a permit must be accompanied by a filing fee of one hundred fifty dollars (\$150). Application forms to transfer permits will be furnished upon request.

Save & Continue
Save & Exit

5. This is what the HHM Initial Application looks like.
6. Read the 'Instructions' tab carefully.
7. Click the 'Save & Continue' button.

Note: To return to the dashboard at any time, click the green 'Save & Exit' button at the bottom of any page. Use the provided tabs vs. using the browser's back button.

- Instructions ✔
- Type of Business ✕
- Statement of Ownership ✕
- Business (Company) Information ✕
- Military or Special Considerations ✕
- Statement of Residency ✕
- Associations With Partnership, Company or Corporation ✕

Household Movers Initial Application

➤ Type of Business

Instruction

IMPORTANT: This application requires a **\$500 non-refundable** filing fee. The Bureau accepts the following payment methods:

1. Credit card
2. Check
3. Money Order

NOTE: If payment is made by check or money order, processing of the application will be delayed until payment is received by the Bureau.

Business Type *

Save & Continue
Save & Exit

8. Read the Instruction and select a 'Business Type'.
9. Click the 'Save & Continue' button.



CONNECT APPLICATION GUIDE

Bureau of Household Goods and Services

Household Movers (HHM) Initial Application

- Instructions ✔
- Type of Business ✔
- Statement of Ownership ✘
- Business (Company) Information ✘
- Military or Special Considerations ✘
- Statement of Residency ✘
- Associations With Partnership, Company or Corporation ✘
- Scope of Operations & Insurance Requirements ✘
- Bond/Insurance Requirements ✘
- Exam Requirement ✘
- Financial ✘

- Certification of submitted information/Attestation ✘
- Fee and Payment ✘

Household Movers Initial Application

Statement of Ownership

Instruction

Complete each required field that is followed by a red asterisk. The "Business Name" provided should be the name used on all invoices and advertisements.

Applicants using one or more fictitious business names may be required to provide the Bureau a certified copy of the Fictitious Business Name statement.

Has Applicant ever held a permit? *

Yes
 No

Enter the Business Name(s) (DBA) as will be shown on invoices and advertisements related to this permit. If multiple DBAs exist, please enter each DBA separated with a semicolon and a space into the field, below. (Example: Dave's Moving; Dave's Moving 4 U) *

Physical Address--Line 1 * Physical Address--Line 2

Physical Address--City * Physical Address--State * Physical Address--ZIP Code *

Mailing Address--Line 1 * Mailing Address--Line 2

Mailing Address--City * Mailing Address--State * Mailing Address--ZIP Code *

Address of Record Address--Line 1 * Address of Record Address--Line 2

Address of Record Address--City * Address of Record Address--State * Address of Record Address--Zip Code *

Phone Number *

Alternate Phone Number

Email Address *

Alternate Email Address

Primary Contact * Primary Contact Phone Number *

Save & Continue Save & Exit

10. Complete all required fields and click the green **'Save & Continue'** button.

**Note: All required fields have a red asterisk.*

- Instructions ✔
- Type of Business ✔
- Statement of Ownership ✔
- Business (Company) Information ✘
- Military or Special Considerations ✘
- Statement of Residency ✘
- Associations With Partnership, Company or Corporation ✘
- Scope of Operations & Insurance Requirements ✘
- Bond/Insurance Requirements ✘
- Exam Requirement ✘

Household Movers Initial Application

↻ Business (Company) Information

Instruction

Select the appropriate business type from the below list and complete each required field that is followed by a red asterisk.

If you are applying as a corporation or an LLC, provide the Bureau your corporate name as it is registered with the Secretary of State.

If you are applying as a corporation or LLC the following documents will be required.

1. Articles of Incorporation or Organization
2. A current Statement of Information (filed within the last 2 years)

To upload a document:

- Select "Browse" and choose your document from your device.
- Choose your document type from the drop-down box.
- Select "Click here to Upload".

Type of Ownership * ▼

Business Name (For Corporation/LLC, enter as registered with the CA Secretary of State) *

Save & Continue

Save & Exit

11. Read the 'Instruction' and select a 'Type of Ownership'.

12. Complete all required fields.

13. Upload any documentation if needed and click the green 'Save & Continue' button.

- Instructions ✔
- Type of Business ✔
- Statement of Ownership ✔
- Business (Company) Information ✔
- Military or Special Considerations ✘
- Statement of Residency ✘
- Associations With Partnership, Company or Corporation ✘
- Scope of Operations & Insurance Requirements ✘
- Bond/Insurance Requirements ✘

Household Movers Initial Application

↻ Military or Special Considerations

Instruction

If an applicant answers "Yes" to any of the questions below additional documentation may be required.

- Evidence of your current military duty (copy of your military orders) OR
- Your previous military service (copy of your DD 214 – Certificate of Release or Discharge from Active Duty).
- Current leave and earning statement or military order establishing duty station in California.
- Marriage Certificate or Certified Declaration/Registration of Domestic Partnership.
- Special Immigrant visa or other supporting status documentation.

To upload a document:

- Select "Browse" and choose your document from your device.
- Choose your document type from the drop-down box.
- Select "Click here to Upload".

Are any of the applicants listed as Owners, Members, or Officers in this application currently serving, or previously served, in the US military? *

Yes
 No

Are you married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under active duty military orders? *

Yes
 No

Save & Continue

Save & Exit

14. Complete all questions, upload any needed documentation, and click the green 'Save & Continue' button.

**Note: When answering "Yes" to any of the questions, additional documents will be required to upload.*

<ul style="list-style-type: none"> Instructions ✔ Type of Business ✔ Statement of Ownership ✔ Business (Company) Information ✔ Military or Special Considerations ✔ Statement of Residency ✘ Associations With Partnership, Company or Corporation ✘ Scope of Operations & Insurance Requirements ✘ Bond/Insurance Requirements ✘ Exam Requirement ✘ Financial Responsibility ✘ 	<div style="text-align: center;">household movers initial Application</div> <div style="border: 1px solid #ccc; padding: 5px;"> <div style="background-color: #f0f0f0; padding: 5px; margin-bottom: 5px;"> ↻ Statement of Residency </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p style="margin: 0;">Instruction</p> <p style="margin: 5px 0 0 0;">Business and Professions Code section 19239, subdivision (h), provides that a household mover permit shall not be issued unless it has been shown that the applicant meets one of the following residency requirements:</p> <ol style="list-style-type: none"> 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; 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 If a corporation or limited liability company (LLC), 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. </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p style="margin: 0;">Type of Ownership</p> <p style="margin: 5px 0 0 0; font-size: small;">Click the Refresh button above if Type of Ownership changed in the Business Information tab</p> <div style="border: 1px solid #ccc; padding: 2px; margin: 2px 0 0 20px;"> ✕ ▾ </div> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p style="margin: 0;">INDIVIDUAL</p> <p style="margin: 5px 0 0 0;">I have resided in the State of California continuously for not less than 90 days immediately preceding the filing of this application at:</p> <p style="margin: 5px 0 0 0;">Street Address *</p> <div style="border: 1px solid #ccc; height: 20px; margin: 2px 0 0 20px;"></div> <p style="margin: 5px 0 0 0;">City * State * ZIP Code *</p> <div style="display: flex; justify-content: space-between; margin: 2px 0 0 20px;"> <div style="border: 1px solid #ccc; width: 150px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 100px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 100px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="border: 1px solid #ccc; padding: 2px 10px; margin-right: 5px; background-color: #28a745; color: white;">Save & Continue</div> <div style="border: 1px solid #ccc; padding: 2px 10px; background-color: #6c757d; color: white;">Save & Exit</div> </div> </div>	<p>15. Read the 'Instruction' and complete all required fields</p> <p><i>*Note: 'Type of Ownership' reflects what was preselected in the 'Business Information' tab.</i></p> <p>16. Click the green 'Save & Continue' button.</p>			
<ul style="list-style-type: none"> Instructions ✔ Type of Business ✔ Statement of Ownership ✔ Business (Company) Information ✔ Military or Special Considerations ✔ Statement of Residency ✔ Associations With Partnership, Company or Corporation ✘ Scope of Operations & Insurance Requirements ✘ Bond/Insurance Requirements ✘ Exam Requirement ✘ Financial Responsibility ✘ 	<div style="text-align: center;">Household Movers Initial Application</div> <div style="border: 1px solid #ccc; padding: 5px;"> <div style="background-color: #f0f0f0; padding: 5px; margin-bottom: 5px;"> ↻ Associations With Partnership, Company or Corporation </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p style="margin: 0;">Instruction</p> <p style="margin: 5px 0 0 0;">If the applicant(s) or business have any of the below associations, please provide the required information.</p> <p style="margin: 5px 0 0 0;">Is your business associated with shippers, receivers, or movers due to common ownership, control or management (you own part/all of the company, hold a responsible position in the company, or guide the operations of the company directly or indirectly)? *</p> <p style="margin: 5px 0 0 20px;"> <input type="radio"/> Yes <input type="radio"/> No </p> <p style="margin: 5px 0 0 0;">Name of Partnership, Company or Corporation</p> <div style="border: 1px solid #ccc; width: 100%; height: 20px; margin: 2px 0 0 20px;"></div> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid #ccc; padding: 2px 5px;">Business Associate Last Name</td> <td style="width: 33%; border-bottom: 1px solid #ccc; padding: 2px 5px;">Business Associate First Name</td> <td style="width: 33%; border-bottom: 1px solid #ccc; padding: 2px 5px;">Business Associate Middle Initial</td> </tr> </table> <p style="margin: 5px 0 0 0;">Does your business have an operating authority from the Federal Motor Carrier Administration to transport used household goods in interstate or foreign commerce? *</p> <p style="margin: 5px 0 0 20px;"> <input type="radio"/> Yes <input type="radio"/> No </p> <p style="margin: 5px 0 0 0;">Motor Carrier Number</p> <div style="border: 1px solid #ccc; width: 100%; height: 20px; margin: 2px 0 0 20px;"></div> </div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="border: 1px solid #ccc; padding: 2px 10px; margin-right: 5px; background-color: #28a745; color: white;">Save & Continue</div> <div style="border: 1px solid #ccc; padding: 2px 10px; background-color: #6c757d; color: white;">Save & Exit</div> </div> </div>	Business Associate Last Name	Business Associate First Name	Business Associate Middle Initial	<p>17. Select an answer for the two questions. When selecting the 'Yes' option, the corresponding boxes turn into required fields. These must be answered to proceed.</p> <p>When selecting the 'No' option, the corresponding boxes are not required to proceed.</p> <p>18. Click the green 'Save & Continue' button.</p>
Business Associate Last Name	Business Associate First Name	Business Associate Middle Initial			

- Instructions ✔
- Type of Business ✔
- Statement of Ownership ✔
- Business (Company) Information ✔
- Military or Special Considerations ✔
- Statement of Residency ✔
- Associations With Partnership, Company or Corporation ✔
- Scope of Operations & Insurance Requirements ✘
- Bond/Insurance Requirements ✘
- Exam Requirements ✘

Household Movers Initial Application

↻ Scope of Operations & Insurance Requirements

REPORT OF EQUIPMENT TO BE OPERATED

PLEASE LIST ALL VEHICLE INFORMATION REQUESTED BELOW FOR ALL FOR-HIRE EQUIPMENT (INCLUDING LEASED VEHICLES) TO BE OPERATED BY YOU.

DO NOT LIST: Service trucks, passenger cars, fork lifts or equipment used exclusively off highways.

Please use the appropriate two-letter abbreviation for the state of registration (e.g., CA for California).

Add New Item

STATE *

LICENSE PLATE NUMBER *

VIN (VEHICLE IDENTIFICATION NUMBER) *

EQUIP CODE *

BODY CODE *

Save
Cancel

↻ Add New

State	License Plate Number	VIN	Equip Code	Body Code	Actions

19.

To list vehicle information, click the **'Add New'** button and complete all required fields.

State	License Plate Number	VIN	Equip Code	Body Code	Actions
MD	12844GS	14595920665948484	0	VAN	<div style="display: flex; justify-content: center; gap: 10px;"> ✎ 🗑️ </div>

20.

Under **'Actions'**, click the edit button to make changes. The trash can button is used to delete information.



CONNECT APPLICATION GUIDE

Bureau of Household Goods and Services

Household Movers (HHM) Initial Application

<p>Partnership, Company or Corporation</p> <p>Scope of Operations & Insurance Requirements <input checked="" type="checkbox"/></p> <p>Bond/Insurance Requirements <input checked="" type="checkbox"/></p> <p>Exam Requirement <input checked="" type="checkbox"/></p> <p>Financial Responsibility <input checked="" type="checkbox"/></p> <p>Certification of submitted information/Attestation <input checked="" type="checkbox"/></p> <p>Fee and Payment <input checked="" type="checkbox"/></p>	<p>General Highway Safety Requirements. Part 1: PREVENTIVE MAINTENANCE PROGRAM</p> <p>GENERAL HIGHWAY SAFETY REQUIREMENTS</p> <p>The Bureau of Household Goods and Services (Bureau) shall not issue or authorize the transfer of any household movers permit except upon a showing before the Bureau and a finding by the Bureau that the applicant or proposed transferee meets and certifies compliance to all of the following requirements:</p> <p>Is financially and organizationally capable of conducting an operation that complies with the rules and regulations of the Department of the California Highway Patrol governing highway safety? *</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Is committed to observing the hours of service regulations of state and, where applicable, federal law, for all persons, including employees operating vehicles in transportation for compensation under the certificate or the permit. (Property-carrying drivers cannot drive for longer than 14 consecutive hours after 10 consecutive hours off-duty)? *</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Has a preventive maintenance program in effect for its vehicles used in transportation for compensation that conforms to regulations of the Department of California Highway Patrol in Title 13 of the California Code of Regulations.(The preventative maintenance program is not required if the vehicles used have less than three axles and have less than 10,001 pound gross vehicle weight)? *</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Participates in a program to regularly check the driving record of all persons operating vehicles used in transportation for compensation requiring a class A or class B driver's license under the certificate or the permit. (You must provide the Bureau with a Requester Code Number when a pull notice account is established or if you are already participating in the Pull Notice Program with the DMV)? *</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Has a safety education and training program in effect for all persons operating vehicles used in transportation for compensation. (Training and education must be provided at least twice a year. If written or video materials will be used for training, they must be reviewed with employees at least twice a year. You must keep records of training and drivers who participate in the training)? *</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Will maintain its vehicles used in transportation for compensation in a safe operating condition and in compliance with the Vehicle Code and with regulations contained in Title 13 of the California Code of Regulations relative to motor vehicle safety)? *</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Has provided the Bureau with the physical address of an office or terminal where documents supporting the factual matters specified in the showing required by this section may be inspected by the Bureau and the Department of the California Highway Patrol? *</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>21. Complete all questions and upload any needed documentation.</p>
--	---	--

PREVENTIVE MAINTENANCE PROGRAM

A. Upload a copy of preventive maintenance schedule and the form(s) you will be using to record completed maintenance work. (Note: The preventative maintenance program is not required if the vehicles used have less than three axles and have less than 10,001 pounds gross vehicle weight).

1. The form you use must include a list of the items to be services or inspected, the mileage or time interval when the maintenance will be performed, and a place for recording maintenance performed (see Samples I A., B., and C. found on the Bureau's website at <https://bhgs.dca.ca.gov/licensee/index.shtml>).

2. Your maintenance schedule must have a minimum inspection schedule of 90 days for items listed below:

- Brake adjustment
- Brake system components and leaks.
- Steering and suspension systems.
- Tires and wheels.
- Vehicle connecting devices.

These items should be inspected more often if necessary to ensure safe operation. Any other categories, components or parts may have an inspection interval longer than 90 days, but no longer than 20,000 miles or 4 months, whichever comes sooner, unless you explain why the mileage or time exceeding these limits is reasonable.

You must perform preventive maintenance frequently enough to ensure that your vehicles are in safe and proper operating condition at all times. Vehicles which are out of service for periods longer than 90 calendar days are not required to be inspected at 90-day intervals if they are inspected before operation on the highway.

B. Upload a copy of the driver's daily vehicle condition report form that you will use (see Sample II).

A) Yes/No – Did you purchase a commercially available safety and education training program?
 B) If yes, upload a copy of the receipt and a copy of the front page of the program.
 C) If No, you must develop your own safety education and training program and describe your safety education and training program (see Samples III. A., B., and C. of Highway Safety Guide).
 D) Provide a description of all materials to be used. *

Yes
 No

Will employee-drivers be enrolled in this program? *

Yes
 No

Will subhauleders be enrolled in this program? *

Yes
 No

22. Read the 'Preventive Maintenance Program' section carefully and complete all required fields.

Has a preventive maintenance program in effect for its vehicles used in transportation for compensation that conforms to regulations of the Department of California Highway Patrol in Title 13 of the California Code of Regulations.(The preventative maintenance program is not required if the vehicles used have less than three axles and have less than 10,001 pound gross vehicle weight)? *

Yes No

Upload New Linked Files

+ Browse

Type	File Name	Actions
Daily Vehicle Condition Report Form	ScreenRec_webinstall_all.exe	

Linked Files

Type	File Name	Actions
------	-----------	---------

23. When answering "Yes" to select questions, additional documents will be required to upload.

24. Click 'Browse' to upload files.

<div data-bbox="321 346 1209 1365" style="border: 1px solid #ccc; padding: 10px;"> <p style="text-align: center; background-color: #f0f0f0; margin-bottom: 5px;">General Highway Safety Requirements. Part 2</p> <p style="border: 2px solid red; padding: 2px; margin-bottom: 5px;">INSTRUCTIONS ON HOW TO OBTAIN YOUR REQUIRED CA NUMBER</p> <p>Step 1: Submit your Household Movers application to obtain your CAL-T (also known as MTR number) to include in Part 6 of the CHP 362 Motor Carrier Profile form.</p> <p>Step 2: Obtain a United States Department of Transportation (USDOT) number. USDOT numbers are issued by the Federal Motor Carrier Safety Administration (FMCSA). The online application can be found at this website: https://www.fmcsa.dot.gov/registration/getting-started The FMCSA regulates interstate commerce. When using the website to determine if a USDOT number is required, it may indicate a USDOT number is not required for intrastate commerce unless you are transporting hazardous materials in a quantity requiring the display of placards. Even though you may not be engaged in interstate commerce, or transporting hazardous materials, you are required by section 34507.5(a)(1) of the California Vehicle Code (CVC) to obtain a USDOT number before obtaining a California identification number (CA number). The California Highway Patrol (CHP) will not issue a carrier identification number without a USDOT number.</p> <p>Step 3: To obtain a carrier identification number, submit a CHP 362 Motor Carrier Profile to a local CHP Motor Carrier Safety Office located on page 3 of the form. Be sure to include your USDOT and Cal-T/MTR number on the application (Part 6). A carrier identification number will not be issued by the CHP without this information. The CHP 362 Motor Carrier Profile can be found online at: https://www.chp.ca.gov/CommercialVehicleSectionSite/Documents/H%20chp362.pdf</p> <p>CVC SECTION 34507.5 provides in relevant part:</p> <p>(a) A motor carrier, as defined in Section 408, a motor carrier of property, and a for-hire motor carrier of property, as defined in Section 34601, shall obtain a carrier identification number from the department. Application for a carrier identification number shall be on a form furnished by the department. The department may furnish the form online and require the form to be completed and submitted electronically via the department's website. Information provided in connection with an application for a carrier identification number shall be true and accurate, and updated by a motor carrier upon request from the department and within 15 days of any change of address or cessation of regulated activity at any of the motor carrier's terminals.</p> <p>(1) A motor carrier required to obtain a carrier identification number shall first obtain a United States Department of Transportation number from the Federal Motor Carrier Safety Administration and provide that number on the application for a carrier identification number. The department shall not assign a carrier identification number unless the application includes the United States Department of Transportation number assigned to, and properly identifying, the motor carrier.</p> <p>(2) A motor carrier shall ensure information associated with the United States Department of Transportation number assigned to the motor carrier is true and accurate. The information shall be updated as required by Part 390.19 of Title 49 of the Code of Federal Regulations, before the motor carrier operates a commercial motor vehicle, at least once every two calendar years, and within 15 days of any change of information or cessation of regulated activity.</p> <p>Link to CHP 362 form: https://www.chp.ca.gov/CommercialVehicleSectionSite/Documents/H%20chp362.pdf</p> <p>Does your business have a CA Number issued by the CHP? *</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>CHP provided Number</p> <input style="width: 150px; height: 20px;" type="text"/> <p>Name of person(s) in your business responsible for highway safety</p> <input style="width: 500px; height: 25px;" type="text"/> </div>	<p>25. Read the instructions carefully and complete all required fields.</p>
<div data-bbox="321 1417 1209 1837" style="border: 1px solid #ccc; padding: 10px;"> <p style="text-align: center; background-color: #f0f0f0; margin-bottom: 5px;">Workers' Compensation Declaration</p> <p>When you fill out this form, remember that the term "employee" includes clerical persons as well as drivers and any other persons employed in your operations <u>as a household mover</u>.</p> <p>If your business is an OUT OF STATE CORPORATION, please note that you are not subject to the workers' compensation laws of California unless you have employees who reside in California.</p> <p style="border: 2px solid red; padding: 2px; margin-bottom: 5px;">Check one of the following (read both before choosing):</p> <p><input type="checkbox"/> I DO NOT HAVE ANY EMPLOYEES. If I hire employees in the future, I will submit an amended Workers' Compensation Declaration Form to the Bureau and contact my insurance company at once and have the required certificate of coverage mailed to the Bureau. Note: If you check this box, you must provide an explanation of how you will conduct operations without employees. *</p> <p><input type="checkbox"/> I DO have employees. (This box also applies to applicants for a permit or certificate who do not now have employees but will employ workers upon commencement of operations.) I will contact my insurance company and have the required certificate of coverage mailed to the Bureau. I understand that the Bureau will not issue or reinstate a permit or certificate until it receives my certificate of coverage. *</p> </div>	<p>26. Select one answer for the 'Workers' Compensation Declaration' question.</p>

Driver Statement

I/We hereby certify that any and all drivers employed by the permit holder thereby possess a valid and unrestricted California Driver License authorizing the operation of the vehicles to be utilized or will hold such license(s) prior to conducting any operations. The driver license(s) to be used is/are as follows (to be verified by BHGS):

Add New Item

Driver Name *

California Driver License No. * Expiration Date *

Save
Cancel

↻ Add New

Driver Name	California Driver License No.	Expiration Date	Actions

Save & Continue
Save & Exit

27. Complete all required fields and click the green **'Save & Continue'** button.

Household Movers Initial Application

- Instructions ✓
- Type of Business ✓
- Statement of Ownership ✓
- Business (Company) Information ✓
- Military or Special Considerations ✓
- Statement of Residency ✓
- Associations With Partnership, Company or Corporation ✓
- Scope of Operations & Insurance Requirements ✓
- Bond/Insurance Requirements ✗
- Exam Requirement ✗
- Financial Responsibility ✗

↻ Bond/Insurance Requirements

Instruction

Applicants are required to upload a Certificate of Insurance or bond for the following insurance policies:

- Cargo policy with a minimum of \$20,000.
- PL&PD (liability) policy in the amount of not less than \$250,000 on account of bodily injuries to, or death of, one person; and protection against total liability of such carriers on account of bodily injuries to, or death of more than one person as a result of any one accident, but subject to the same limitation for each person, in the amount of not less than \$500,000.
- Workers' Compensation policy is required if the applicant answered "I DO have employees" in the tab, Scope of Operation, section, Workers' Compensation Declaration.
- A surety bond in the amount of \$2000 if the applicant will accept Cash on Delivery (COD).

To upload a document:

- Select "Browse" and choose your document from your device.
- Choose your document type from the drop-down box.
- Select "Click here to Upload".

Applicant will handle C.O.D. shipments requiring the filing of a surety bond of not less than \$2,000, as required by General Order 84. *

Yes
 No

Do you have vehicle liability, cargo, or workers' compensation insurance certificates available to upload at this time? Please note: You can wait to purchase your insurance policies until after all other permit requirements are met but a permit will not be issued until all applicable policies are on file. *

Yes
 No

Save & Continue
Save & Exit

28. Complete all questions, upload any needed documentation, and click the green **'Save & Continue'** button.



CONNECT APPLICATION GUIDE

Bureau of Household Goods and Services

Household Movers (HHM) Initial Application

- Instructions ✓
- Type of Business ✓
- Statement of Ownership ✓
- Business (Company) Information ✓
- Military or Special Considerations ✓
- Statement of Residency ✓
- Associations With Partnership, Company or Corporation ✓
- Scope of Operations & Insurance Requirements ✓
- Bond/Insurance Requirements ✓
- Exam Requirement ✗
- Financial Responsibility ✗
- Certification of submitted information/Attestation ✗
- Fee and Payment ✗

Household Movers Initial Application

↺ Exam Requirement

HOUSEHOLD MOVERS EXAMINATION INFORMATION LOCAL AND LONG DISTANCE MOVING

Business and Professions Code section 19239 requires an applicant for a household mover permit to demonstrate by examination their ability to engage in that business. Note that Section 19239 (b)(2) requires that if the person taking the household mover examination is anyone other than the applicant (individual or partner) or responsible managing officer, he or she must be an employee who works at least 32 hours per week for the firm. The person taking the examination must furnish a valid driver's license or other adequate identification at the time the exam is taken. The examination will consist of Parts I, II, and III for local moves, plus Part IV for distance moves. The examination will be based on the rules, regulations and rates in the "Maximum Rate and Rules for the Transportation of Used Property, Namely: Household Goods and Personal Effects Over the Public Highways Within the State of California by Household Movers" (Max 4 Tariff). This document can be found on the Bureau's website at https://bhgs.dca.ca.gov/forms_pubs/max_4_2023.pdf. The first part of the examination consists of true/false and multiple-choice questions on the Max 4 Tariff rules. A passing score of 70% is required. If an examinee should fail the examination the first time, they must wait 30 days before the same examinee may have a second opportunity.

It is the examinee's responsibility to learn how to use the Max 4 Tariff. The following is an explanation of some Max 4 Tariff items and concepts which examinees must understand. An examinee will be asked to compute charges using the maximum fixed rates from the Max 4 Tariff. Remember, that these are maximum rates and that, in practice, the total charge for a move must be no more than the total charge computed with maximum rates. A mover is free to establish their own rate structure as long as the rates do not exceed the maximum rates in the Max 4 Tariff. Examinees should be familiar with the provisions that allow a mover to exceed the maximum rates.

Exam Qualifier--Last Name *	Exam Qualifier--First Name *	Exam Qualifier--Title *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Exam Qualifier--Driver's License Number *

Exam Qualifier--Phone Number *

Exam Qualifier--Address (Line 1) *

Exam Qualifier--Address (Line 2)

Exam Qualifier--Address (City) *	Exam Qualifier--Address (State) *	Exam Qualifier--Address (ZIP Code) *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Exam Qualifier--Email Address *

Save & ContinueSave & Exit

29. Complete all required fields and click the green **'Save & Continue'** button.

<ul style="list-style-type: none"> Instructions <input checked="" type="checkbox"/> Type of Business <input checked="" type="checkbox"/> Statement of Ownership <input checked="" type="checkbox"/> Business (Company) Information <input checked="" type="checkbox"/> Military or Special Considerations <input checked="" type="checkbox"/> Statement of Residency <input checked="" type="checkbox"/> Associations With Partnership, Company or Corporation <input checked="" type="checkbox"/> Scope of Operations & Insurance Requirements <input checked="" type="checkbox"/> Bond/Insurance Requirements <input checked="" type="checkbox"/> Exam Requirement <input checked="" type="checkbox"/> 	<p style="text-align: center;">Household Movers Initial Application</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Financial Responsibility</p> <p style="text-align: center;">Instruction</p> <p>Before a permit is issued, the Bureau shall require applicants to establish ability and reasonable financial responsibility to initiate the proposed operations. Each field is defined below. If a field does not apply to your business enter 0 or none (whichever is applicable). Part 1: Balance Sheet should be your actual numbers. Part 2: Forty-Five Day Working Capital and Profit and Loss sheets are to be projected numbers.</p> <p>Financial Status as of *</p> </div> <div style="border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center; border: 2px solid red; display: inline-block;">Section 1</p> <p>PART I - ASSETS (Assets include everything you own with cash value):</p> <p>CURRENT ASSETS</p> <p>A. Cash-Money you have on hand. Included cash at home, today's checking and savings account balances.</p> <p>B. Accounts Receivable-Money owed to you for goods and/or services. Check your files for bills outstanding.</p> <p>C. Notes Receivable-Money owed to you and documented by promissory notes .</p> <p>D. Inventory of Materials and Supplies-Goods on hand for resale, tires and other supplies used in the business.</p> <p>E. Other Current Assets:</p> <p>a) Stocks, Bonds, Other Securities-U.S. Savings Bonds, Treasury issues, other money market & stock market investments. Check your records for documentation of current holdings. Current, market value for some types of securities may be found in newspaper financial pages; for others, contact your broker.</p> <p>b) Cash Surrender Value Life Insurance-Investment or equity built up in your whole or straight life insurance policy. (Term life insurance has no cash surrender value.) Find the cash surrender value from the chart on your policy.</p> <p>c) Rebates/Refunds-Money owed to you for refundable deposits, sales or tax refunds or rebates. Check your files for receipts and current 1040 income tax forms.</p> </div>	<p>30. The 'Financial Responsibility' tab has five sections, read each section carefully and complete all required fields.</p>
	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; border: 2px solid red; display: inline-block;">Section 4: AUTHORIZATION FOR RELEASE OF ACCOUNT INFORMATION</p> </div> <p>The undersigned authorizes the Bureau of Household Goods and Services (BHGS) to access and obtain such account information from the applicant's designated financial institution as it may require in order to verify the current financial condition set forth in the Household Movers application filed by the undersigned. Verification of, and access to the applicant's bank records shall be limited to the particular accounts and/or items listed below by the applicant and shall be limited to a period of time commencing on the date of the signing of the application and ending on the date of the granting or the denial of the application for an operating permit. However, in no event, shall the period of access to the applicant's financial banking records extend beyond 60 days from the date of the signing of the application. The undersigned has the right to revoke this authorization at any time by providing written notice to BHGS. The undersigned agrees that any account related documents submitted for the purpose of verifying the applicant's financial condition shall be retained with the BHGS whether or not the operating permit is granted.</p> <p>NAME OF BANK *</p> <input type="text"/> <p>LOCATION/PHONE NO *</p> <input type="text"/> <p>TYPE OF ACCOUNT *</p> <p><input type="radio"/> Checking</p> <p><input type="radio"/> Savings</p> <p><input type="radio"/> Loan</p> <p><input type="radio"/> Other</p> <p>ACCOUNT NO. * AMOUNT *</p> <input type="text"/> <input type="text" value="0"/> <p>Applicant Signature * Date *</p> <input type="text"/> <input type="text" value="03/02/2023"/> <div style="margin-top: 10px;"> <p style="border: 2px solid red; display: inline-block; padding: 2px;">Save & Continue</p> <input type="button" value="Save & Exit"/> </div>	<p>31. Section 4 of the 'Financial Responsibility' tab requires Authorization for Release of Account Information. Verify information in required fields is accurate before proceeding.</p> <p>32. Click the green 'Save & Continue' button.</p>

<ul style="list-style-type: none"> Instructions ✔ Type of Business ✔ Statement of Ownership ✔ Business (Company) Information ✔ Military or Special Considerations ✔ Statement of Residency ✔ Associations With Partnership, Company or Corporation ✔ 	<p style="text-align: center;">Household Movers Initial Application</p> <p style="text-align: center;"> Certification of submitted information/Attestation</p> <p style="text-align: center;"><i>Click the Refresh button above if Type of Ownership changed in the Business Information tab</i></p> <p>Type of Ownership <input type="text" value="x"/></p> <p>I (we) certify (or declare), under penalty of perjury, that the representations appearing in said application and in any Bureau forms attached thereto (including any accompanying financial schedules, statements or projections) are, to the best of my (our) knowledge and belief, true, correct, and complete, based on all the information required to be included therein, of which I (we) have any knowledge, and these representations are made in good faith. Where the Bureau operating authority is held by a corporation, I further certify that I am an officer of the corporation and am authorized to make this certification on its behalf. I (we) further certify (or declare), under penalty of perjury, that a final judgement has not been entered against the applicant(s) pursuant to Section 3716.2 of the Labor Code (worker's compensation violations).</p> <p>Signature of Applicant (Sole Proprietor or Partnership) * Title * Date *</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Save & Continue Save & Exit</p>	<p>33. Complete all required fields and click the green 'Save & Continue' button.</p> <p><i>Note: Your typed name will serve as your electronic signature for the HHM Application, certifying all information contained in the application is true and accurate.</i></p>
<ul style="list-style-type: none"> Instructions ✔ Type of Business ✔ Statement of Ownership ✔ Business (Company) Information ✔ Military or Special Considerations ✔ Statement of Residency ✔ Associations With Partnership, Company or Corporation ✔ 	<p style="text-align: center;">Household Movers Initial Application</p> <p style="text-align: center;"> Fee and Payment</p> <p style="text-align: center;">Fee and Payment</p> <p>Payment Method: * <input type="text" value="Select A Method"/></p> <p>3315 Original Permit Fee DHM: <input type="text"/></p> <p>Total Fees: <input type="text"/></p> <p>Pay and Submit</p>	<p>34. There are three payment method options to select from. Click 'Select A Method' to choose the preferred payment method for this application fee.</p> <p><i>Note: 'Total Fee' information will automatically populate.</i></p> <p>35. When 'Check' or 'Money Order' payment method is selected, please note the DCA License Type and application number on the payment document submitted to DCA.</p> <p>36. Click the blue 'Pay and Submit' button.</p>



CONNECT APPLICATION GUIDE

Bureau of Household Goods and Services

Household Movers (HHM) Initial Application

Payment Information

First Name: *

Card Number: * Last Name: *

CVV: * Street 1: *

Expiration Date: * Month: * Year: * Street 2:

Country: * State/Province: * City *

Zip/Postal Code: *

[Pay and Submit](#)

Applications

[New Application](#)

Application Type	License Type	Application#	Submitted Date	Business Name	Status	Action
Household Movers Initial Application	Household Movers	200064	02/18/2023		Submitted	

Showing 1 to 1 of 1 entries << < 1 > >> 10

37. When **'Credit Card'** payment method is selected, complete all required fields, and click the blue **'Pay and Submit'** button.

38. Upon successful payment, the **'Application Status'** will show that the HHM application has been submitted.

Note: Once application is submitted you will receive a payment confirmation and application submission confirmation email.