



**APPLICATION FOR
 RENTAL DWELLING UNIT LICENSE**

1) OWNER INFORMATION			
Owner Name: Last: _____	First: _____	Middle Initial: _____	
OR Trust/Corporate Owner Name: _____			
Physical Address: _____	City: _____	State: _____	Zip: _____
Mailing Address: _____	City: _____	State: _____	Zip: _____
Telephone Number: () - _____	Alternate Telephone Number: () - _____		
PROVIDE A CONFIDENTIAL 24 HOUR - 7 DAY PER WEEK NON-BUSINESS CONTACT NUMBER, AS REQUIRED BY THE STANDARDS OF OPERATION:			() - _____

2) ADDITIONAL OWNER INFORMATION (if applicable)			
Owner Name: Last: _____	First: _____	Middle Initial: _____	
Physical Address: _____	City: _____	State: _____	Zip: _____
Mailing Address: _____	City: _____	State: _____	Zip: _____
Telephone Number: () - _____	Alternate Telephone Number: () - _____		

3) RENTAL DWELLING UNIT INFORMATION: Complete "Rental Dwelling Unit Information" (Section 1 of page 2) for each property to be included in this license. Attach additional copies of page 2 as needed for additional properties.

4) AUTHORIZED REPRESENTATIVE INFORMATION: Complete the "Owner's Authorization for Representation" (Section 2 of page 2) *only* if the property owner is designating a person to act on his/her behalf in regard to the rental dwelling listed.

5) WAIVER: If you are claiming a waiver of the rental dwelling unit license fee, you must attach copies of valid certificates issued by the San Bernardino County Sheriff's Department, or other law enforcement agency participating in the International Crime Free Multi-Housing Program, which show that:

- The owner or authorized representative has completed the 8-hour training course; and
- *Each* property to be covered by this license has completed all phases of the Crime Free Multi-Housing Program

6) CERTIFICATION UNDER PENALTY OF PERJURY		
I, the undersigned owner or authorized representative of the rental dwelling unit(s) described herein, certify under penalty of perjury that on the date of application, each rental dwelling unit identified in this application complies with the Standards of Operation as described in Section 41.2506(b) of the San Bernardino County Code.		
_____	_____	_____
<i>PLEASE PRINT NAME</i>	<i>SIGNATURE</i>	<i>DATE</i>

Return completed/signed application with the appropriate fee or waiver certification to:

San Bernardino County Clerk of the Board of Supervisors
 385 N. Arrowhead Avenue, 2nd Floor
 San Bernardino, CA 92415-0130

COUNTY USE ONLY

Clerk of the Board of Supervisors (909) 387-3841	
<i>Please Note: all fees can be found at www.sbcounty.gov/cob are non-refundable. Make checks payable to Clerk of the Board.</i>	
License Fee: _____	Date Received: _____ Accepted By: _____ <small>Deputy Clerk of the Board of Supervisors</small>
	Receipt #: _____
<input type="checkbox"/> New <input type="checkbox"/> Renewal Qualifies for Waiver: <input type="checkbox"/> Yes <input type="checkbox"/> No	



Section 1 – Rental Dwelling Unit Information

Complete this section for **each** rental dwelling property to be covered by this license. This section **must** be completed, whether or not there is an authorized representative. If necessary, attach additional sheets to list additional properties.

PHYSICAL ADDRESS OF RENTAL DWELLING UNIT			
Assessor Parcel Number (APN): _____			
Address: _____ City: _____ Zip: _____			
DESCRIPTION (SIZE AND CHARACTER OF THE RENTAL DWELLING UNIT)			
Type of rental dwelling: <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Condominium <input type="checkbox"/> Single Family Residence			
# of Bedrooms	# of Bathrooms	What is square footage for this type of unit?	How many units of this type?
(Example) 3	2	1095	6

Section 2 – Owner’s Authorization for Representation

Complete this section **only** if you wish to designate an authorized representative for the rental dwelling property listed in Section 1 of this page.

I authorize the person(s) listed below to act on my behalf in regard to the rental dwelling unit listed in Section 1.

Print Name of Rental Dwelling Unit Owner or Corporate Representative	Signature of Rental Dwelling Unit Owner or Corporate Representative	Date Signed
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AUTHORIZED REPRESENTATIVE(S)			
Last Name: _____	First Name: _____	Middle Initial: _____	
Address: _____	City: _____		
State: _____ Zip: _____	Telephone Number: () - _____		
Last Name: _____	First Name: _____	Middle Initial: _____	
Address: _____	City: _____		
State: _____ Zip: _____	Telephone Number: () - _____		
OR Property Management Company Name: _____			
Address: _____	City: _____		
State: _____ Zip: _____	Telephone Number: () - _____		