

**BUREAU OF HOUSEHOLD GOODS AND SERVICES  
DIVISION OF HOUSEHOLD MOVERS**

# HOUSEHOLD MOVERS PERMIT

Business Name:

Business DBAs:

Permit Number:

Date Issued:

Mailing Address:

Business Address:

Principals and Titles:

Qualifier:

This permit is to show proof of licensure with the Bureau of Household Goods and Services (Bureau). All information listed has been verified by the signatory below. The above named business is hereby licensed, at the above address, and is subject to the rules and regulations of the Bureau. You must contact the Bureau within 30 days of a change of ownership, business name, location, or corporate officers.

This permit is not valid without a signature and Bureau stamp (below).

\_\_\_\_\_  
Date Verified

*Jacqueline Castro*  
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Jacqueline Castro

Licensing Manager, BHGS



Bureau Seal