

**QUALIFIED PURCHASER - REGISTRATION UPDATE**

**BOE  
USE**

OWNERSHIP NAME		ACCOUNT NUMBER (example: SU KH xxx-xxxxx)	TIN #
BUSINESS TRADE NAME [DBA] (if any)		BUSINESS TYPE	
CORPORATE, LLC, LLP, OR LP NUMBER (if applicable)		FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) (if applicable)	

**SECTION I: TYPE OF OWNERSHIP (check one)**

<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> Unincorporated Business Trust (registered to practice law, accounting, or architecture)
<input type="checkbox"/> Registered Domestic Partnership	<input type="checkbox"/> Married Co-ownership
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP)
<input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Sole Owner

**SECTION II: UPDATE NAME, ADD A PARTNER/CO-OWNER, DROP A PARTNER/CO-OWNER**

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

Check one  UPDATE  ADD  DROP

FULL NAME (first, middle, last)		TITLE	
SOCIAL SECURITY NUMBER (corporate officers excluded)	DRIVER LICENSE NUMBER	STATE	EMAIL
HOME ADDRESS (street, city, state, zip code)		HOME TELEPHONE NUMBER (     )	

Check one  UPDATE  ADD  DROP

FULL NAME (first, middle, last)		TITLE	
SOCIAL SECURITY NUMBER (corporate officers excluded)	DRIVER LICENSE NUMBER	STATE	EMAIL
HOME ADDRESS (street, city, state, zip code)		HOME TELEPHONE NUMBER (     )	

Check one  UPDATE  ADD  DROP

FULL NAME (first, middle, last)		TITLE	
SOCIAL SECURITY NUMBER (corporate officers excluded)	DRIVER LICENSE NUMBER	STATE	EMAIL
HOME ADDRESS (street, city, state, zip code)		HOME TELEPHONE NUMBER (     )	

**SECTION III: ADDRESS CHANGES AND CONTACT INFORMATION**

NEW CALIFORNIA BUSINESS ADDRESS (street, city, state, zip code) (do not list PO Box or mailing service)	BUSINESS TELEPHONE NUMBER (     )
NEW MAILING ADDRESS (street, city, state, zip code)	BUSINESS FAX NUMBER (     )
NAME OF PRIMARY CONTACT (include title)	CONTACT TELEPHONE NUMBER (     )
BUSINESS EMAIL (to receive email reminders to efile)	BUSINESS WEB ADDRESS

**SECTION IV: SELL/CLOSE OUT**

DATE CLOSED	WAS THE BUSINESS SOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BUYER'S NAME AND TELEPHONE NUMBER
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**SECTION V: COMPLETED BY**

PRINTED NAME	TITLE	TELEPHONE NUMBER (     )
SIGNATURE	EMAIL	DATE

**Mail to:** Your local BOE field office.  
A listing is located on our website under "Field Office" at [www.boe.ca.gov](http://www.boe.ca.gov).