

QUALIFIED PURCHASER - REGISTRATION UPDATEBOE
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"/> General Partnership <input type="checkbox"/> Sole Owner <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Corporation <input type="checkbox"/> Other (describe)				
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 <input type="checkbox"/> UPDATE <input type="checkbox"/> ADD <input type="checkbox"/> 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 <input type="checkbox"/> UPDATE <input type="checkbox"/> ADD <input type="checkbox"/> 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 <input type="checkbox"/> UPDATE <input type="checkbox"/> ADD <input type="checkbox"/> 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		
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 .				