



**County of San Bernardino**  
**Clerk of the Board of Supervisors**  
 385 N. Arrowhead Avenue, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0130  
 (909) 387-3841 Fax (909) 387-4554  
 Internet: [www.sbcounty.gov/cob/](http://www.sbcounty.gov/cob/)

**APPLICATION FOR  
 RENTAL DWELLING UNIT LICENSE**

**1) CONFIDENTIAL 24 HOUR - 7 DAY PER WEEK NON-BUSINESS CONTACT NUMBER, AS REQUIRED BY THE STANDARDS OF OPERATION:** ( ) -

**2) OWNER INFORMATION**  
 Owner Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
**OR** Corporate Owner Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: ( ) - \_\_\_\_\_ Alternate Telephone Number: ( ) - \_\_\_\_\_

**3) 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: ( ) - \_\_\_\_\_

**4) 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.

**5) 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.

**6) 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

**7) 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.

\_\_\_\_\_ PLEASE PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE

**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, 2<sup>nd</sup> Floor  
 San Bernardino, CA 92415-0130

**COUNTY USE ONLY**

**Clerk of the Board of Supervisors** (909) 387-3841  
*Please Note: all fees can be found at [www.sbcounty.gov/cob/](http://www.sbcounty.gov/cob/) are non-refundable. Make checks payable to Clerk of the Board.*

License Fee: \_\_\_\_\_ Date Received: \_\_\_\_\_ Accepted By: \_\_\_\_\_  
 \_\_\_\_\_ Deputy Clerk of the Board of Supervisors  
 Receipt #: \_\_\_\_\_

New  Renewal Qualifies for Waiver:  Yes  No



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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: Apartment Duplex Condominium 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

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: ( ) -