

CERTIFICATE OF SEARCH REQUEST FORM

DFPI-DOC 26 (Rev. 11-20)



DATE _____

COMPANY: _____

COMPANY ADDRESS: _____

YOUR NAME: _____

YOUR ADDRESS: _____

YOUR TELEPHONE NUMBER: _____

YOUR SIGNATURE: _____

PLEASE ENCLOSE A **TWO (\$2.00)** CHECK OR MONEY ORDER; THE REQUIRED SERVICE CHARGE TO PROCESS THE SEARCH.

**SEND TO: DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION
320 WEST 4TH STREET, SUITE 750
LOS ANGELES, CA 90013-1105**

PLEASE ALLOW **APPROXIMATELY 4 WEEKS**, AFTER RECEIPT OF THIS FORM, TO RECEIVE YOUR CERTIFICATE. THE CERTIFICATE WILL STATE THE STATUS OF THE COMPANY THAT WAS SEARCHED. IF THE COMPANY IS OUT OF BUSINESS, PRESENT THE CERTIFICATE TO THE REQUESTOR (i.e. THE DMV). IF THE CERTIFICATE PROVIDES AN ALTERNATE COMPANY, YOU MUST CONTACT THAT COMPANY FOR LEIN SATISFACTION. **REMEMBER TO INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE.**

Toll Free Number 1 866 275-2677

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