



**STATE OF CALIFORNIA**  
**HOTEL/MOTEL TRANSIENT OCCUPANCY TAX WAIVER**  
**EXEMPTION CERTIFICATE FOR STATE AGENCIES**

Date:

Name of hotel:

Address of hotel:

This is to certify that I, the undersigned, am a representative or employee of the state agency indicated below, that the charges for the occupancy at the above establishment on the dates set forth below have been or will be paid for by the State of California and that such charges are incurred in the performance of my official duties as a representative or employee of the State of California.

Dates of occupancy:

Amount paid:

State agency:

Headquarters:

*I hereby declare under of perjury that the foregoing statements are true and corect.*

*Executed (CITY): \_\_\_\_\_, California*

Signature: \_\_\_\_\_ Date:

*Hotel / Motel Operator: retain this for your file to substantiate your reports.*