



Commonwealth of Virginia, Department of Health - Bedding and Upholstered Furniture Inspection  
109 Governors St, Room 521 Richmond, VA 23219  
[bufi@vdh.virginia.gov](mailto:bufi@vdh.virginia.gov)

**Application for Bedding and Upholstery License or Permit**

License Type:  Manufacturer (\$100)  Reupholsterer (\$25)  
 Importer (\$100)  Renovator (\$25)  
 Distributor (\$100)  Sanitizer (\$60)

Manufacturer Name and Business Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manufacturer Factory Location Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

\*Manufacturer URN: \_\_\_\_\_

- ✓ This URN field is required for Manufacturer, Importer, and Distributor licenses, if you do not currently have a URN or license in another state please indicate N/A above.
- ✓ **If your URN begins with letters OTHER THAN VA, then you must attach a copy of your CURRENTLY VALID license FROM THE ORIGINALLY-ISSUED STATE.**  
(ex. your currently valid Pennsylvania license for licenses that begin with PA)

Importer/Distributor/Reupholster/Renovator/Sanitizer Name and Business Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

- ✓ You MAY apply for a manufacturer license and an importer/distributor license on the same application.
- ✓ DO NOT list an importer address as the manufacturer address unless they are the same company.

Additional Company Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

This address is a  Third-party Billing Company  
 Other (please explain)

**TOTAL AMOUNT ENCLOSED:** \_\_\_\_\_