



**SECTION 3 – EDUCATION AND EXPERIENCE** (Type or Print)**1. EDUCATION**

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	DEGREE	DATE DEGREE GRANTED OR DATES OF ATTENDANCE

NOTE: Attach a copy of your diploma or transcripts from an accredited college/university, if you are using a college/university education to qualify for a MH-Unit dealer's license.

2. LIST EXPERIENCE BELOW. BEGIN WITH THE MOST RECENT EXPERIENCE IN THE APPLICABLE FIELD OR SUBJECT MATTER. GIVE DETAILS ON THE EXPERIENCE THAT YOU BELIEVE MEETS THE REQUIREMENTS OF THE CALIFORNIA CODE OF REGULATIONS, TITLE 25, DIVISION 1, CHAPTER 4, SUBCHAPTER 2, SECTION 5326.

PERIOD OF EMPLOYMENT	JOB CLASSIFICATION AND MOST IMPORTANT DUTIES PERFORMED, IF APPLICABLE	EMPLOYER(S) INFORMATION
FROM            TO _____    _____ MO./YR.        MO./YR.  TOTAL ____ YR. ____ MO.  HOURS PER WEEK:	CLASSIFICATION: DUTIES:	EMPLOYER: ADDRESS:  SUPERVISOR: TELEPHONE NUMBER:
FROM            TO _____    _____ MO./YR.        MO./YR.  TOTAL ____ YR. ____ MO.  HOURS PER WEEK:	CLASSIFICATION: DUTIES:	EMPLOYER: ADDRESS:  SUPERVISOR: TELEPHONE NUMBER:
FROM            TO _____    _____ MO./YR.        MO./YR.  TOTAL ____ YR. ____ MO.  HOURS PER WEEK:	CLASSIFICATION: DUTIES:	EMPLOYER: ADDRESS:  SUPERVISOR: TELEPHONE NUMBER:

CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO PROVIDE THE REQUESTED INFORMATION

**SECTION 4 – APPLICANT CERTIFICATION**

I, \_\_\_\_\_, certify under penalty of perjury under the laws of the State of California that the answers and information contained herein are true and correct to the best of my knowledge and belief. I certify and acknowledge that I am not authorized to act in the capacity of a course instructor until I receive written approval from the California Department of Housing and Community Development.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EXECUTED IN THE COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_