STATE OF CALIFORNIA BUSINESS, TRANSPORTATION AND HOUSING AGENCY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT DIVISION OF CODES AND STANDARDS OCCUPATIONAL LICENSING PROGRAM



APPLICATION FOR MH-UNIT/COMMERCIAL MODULAR MANUFACTURERS, DISTRIBUTORS, DEALERS AND SALESPERSONS (PART B)

SECTION 1 - PERSONAL	INFORMATION	(Type or Print)						
NAME:	Last	Firs	i	Middle				
RESIDENCE ADDRESS:								
TREGIDENCE ABBITECO.	Number and	Street		City	State	ZIP Code		
TELEPHONE NUMBER: (_)	Business	_ (_)				
DUMOIONI DECODIDITIONI			,	,	Home ,			
PHYSICAL DESCRIPTION: _	Sex	Hair Color	Eye Color	/ Height	/ Weight	Birth Date		
E-MAIL ADDRESS (If applicable):							
SECTION 2 - EMPLOYMI	ENT HISTORY (T)	pe or Print)						
ALL APPLICANTS: LIST EMPLOYME THE MOST RECE	NT RECORD (INCLUDING ENT SHOWN FIRST.	PERIODS OF UNEMPI	LOYMENT, MILITAR	Y SERVICE OR SCHOOL	ING) FOR THE PAST 5	S YEARS, WITH		
FROM TO	TITLE A	TITLE AND DUTIES PERFORMED			EMPLOYER'S NAME, ADDRESS. TYPE OF BUSINESS			
MO. YR. MO. YR.				<u> </u>				
□ сне	ECK IF ADDITIONAL PA	AGE(S) IS/ARE ATTA	CHED TO PROVI	DE THE REQUESTED	INFORMATION			
SECTION 3 – EDUCATION		EOR DEAL	LER APPLICA	NTC ONL V	/T	Deint		
NAME AND LOCATION OF COLLEGE			GREE EARNED	IN 13 ONL 1	(Type or DATE DEGREE GRA	,		
Explain how your experience Code 18050.7. Attach a co you are using a college/univ	py of your certified	transcripts or oth	er acceptable	evidence from an a				
□ сне	ECK IF ADDITIONAL PA	AGE(S) IS/ARE ATTA	CHED TO PROVI	DE THE REQUESTED	INFORMATION			
SECTION 4 - PERSONAL		, •.	e or Print)					
READ AND ANSWER EAC								
 Have you previously been manufacturer, etc.? 	or are you now licen	sed in any state as	a MH-Unit or co	mmercial modular sa	alesperson, distribu YES ِ	itor, dealer or NO		
If yes, provide the following LICENSE NUMBER	-	PE ISSUED	<u>E</u>)	XPIRATION DATE	<u>S1</u>	TATE		
Have you previously been (contractor, real estate sal				e	YES	NO		
If yes, disclose the name y	ou used (if different t	than shown in Secti	on 1), the name	of the state and issu	ing department, a	nd type of license.		
0.00								
Do you hold a valid Californ If yes, list the license numb					YES	NO		

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

S	ECTION 4 - I	PERSONAL HISTORY QUEST	IONNAIRE - Continued (Type or Pr	rint)								
	. Have you ever been known by or used any name other than the name appearing in Section 1 of this questionnaire?						NO					
	If yes, list all n	ames.										
5.	Have you had disciplinary accorporation when past five (5) years	YES	NO									
	If yes, disclose and the type of	and issuing o	lepartment,									
6.	. Have you had a	any civil judgments rendered agains	t you within the past five (5) years?			YES	 NO					
	If yes, were an	y of the judgments a result of your	activity under any occupational license	?		YES	NO					
		If yes, on a separate sheet, disclose for each case the name you used (if different than shown in Section 1), the name of the state and couthe department and type of license, the amount and date of any judgment and whether the judgment has been paid.										
7.	Were you an Owner, a Partner, a Member of an LLC, Officer, Director, Controlling Stockholder or General Manager in a corporation that had a civil or criminal judgment rendered against it within the past five (5) years? YES NO											
	the state, the r	If yes, on a separate sheet, disclose for each case the name you used (if different than shown in Section 1), the business name, the name of the state, the name and address of the court, the amount and date of any civil judgment or criminal penalty and whether the judgment or penalty has been paid.										
8.		Have you declared bankruptcy or were you an Owner, a Partner, a Member of an LLC, Officer, Director or Controlling Stockholder in a corporation that declared bankruptcy within the past five (5) years? YES NO										
		If yes, disclose the name you used (if different than shown in Section 1), the business name, the date bankruptcy was filed, and the name and address of the court.										
9.			nvicted, fined or placed on probation or	parole for an	у	VES	NO.					
	If yes, list each	crime or offense, either felony or misdemeanor? YES NO If yes, list each separate offense below, even if you were pardoned or if the offense was expunged from the record of the court. State if you are currently on probation or parole, show the name and address of your probation or parole officer.										
(DATE OF CONVICTION	NATURE OF OFFENSE	COURT AND JURISDICTION (FULL NAME AND ADDRESS)	DISPOSITION OF OFFENSE (DESCRIBE SENTENCE)								
				Amount Fined	Term of Probation	Jail or Prison Term	Date Released					
		☐ CHECK IF ADDITIONAL PAG	GE(S) IS/ARE ATTACHED TO PROVIDE TH	HE REQUESTE	D INFORMATI	ON						
S	ECTION 5 - (CERTIFICATION BY APPLICA	NT									
Ι,						, Ce	ertify					
		perjury under the laws of the S	rst, Middle and Last Name tate of California that the answers a				•					
a	ttachments her	reto are true and correct to the b	est of my knowledge and belief. I	acknowledge	e that I am n	ot authorize	ed to act in					
	ne capacity of a community Dev	•	orary Permit or License from the C	alifornia Dep	partment of h	Housing and	d					
S	IGNATURE _			DATE								
EXECUTED IN THE COUNTY OF			ST	STATE OF								