STATE OF CALIFORNIA BUSINESS, CONSUMER SERVICES 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 - PERSONA	AL INFORMATION (Ty	pe or Print)				
NAME:	Last	First	Middle			
DECIDENCE ADDRECO.	Last	FIISL	Middle			
RESIDENCE ADDRESS:	Number and Stre	eet	City	State	ZIP Code	
TELEPHONE NUMBER: ()		()			
	Busi	iness	,,	Home	_	
PHYSICAL DESCRIPTION:	//	Hair Color Eve Color	//// Height	/ / Weight	Birth Date	
E-MAIL ADDRESS (If applicab		Tiali Coloi Eye Coloi	Height	weight	Diffit Date	
SECTION 2 - EMPLOYN	MENT HISTORY (Type	or Print)				
ALL APPLICANTS: LIST EMPLOYM THE MOST RE	IENT RECORD (INCLUDING PE CENT SHOWN FIRST.	RIODS OF UNEMPLOYMENT, M	ILITARY SERVICE OR SCHOO	LING) FOR THE PAST 5	YEARS, WITH	
FROM TO	TITLE AND I	DUTIES PERFORMED	EMPLOYER'S N	LOYER'S NAME, ADDRESS. TYPE OF BUSINESS		
MO. YR. MO. YR.	THEE AND BOTHEOT ENGINEES					
□ сн	HECK IF ADDITIONAL PAGE	E(S) IS/ARE ATTACHED TO P	ROVIDE THE REQUESTED	DINFORMATION		
SECTION 3 – EDUCATIO	N	FOR DEALER APP	LICANTS ONLY	(Type or	Drint\	
NAME AND LOCATION OF COLLEG		TYPE DEGREE EARN		(Type or I DATE DEGREE GRAI	,	
Explain how your experien Code 18050.7. Attach a c you are using a college/un	opy of your certified tra	nscripts or other accepta	able evidence from an			
□ сн	HECK IF ADDITIONAL PAGE	(S) IS/ARE ATTACHED TO P	ROVIDE THE REQUESTED) INFORMATION		
SECTION 4 - PERSONA		, •. ,				
READ AND ANSWER EA						
Have you previously bee manufacturer, etc.?		l in any state as a MH-Unit	or commercial modular s	alesperson, distribu YES _	tor, dealer or NO	
If yes, provide the followi LICENSE NUMBER	-	<u>ISSUED</u>	EXPIRATION DATE	<u>ST.</u>	<u>ATE</u>	
	n or are you now in posse alesperson or broker, vehi	icense	YES	NO		
·	•	n shown in Section 1), the r	name of the state and iss	_		
0.0	· D: I: 2				NG.	
3. Do you hold a valid Califo				YES _	NO	
If yes, list the license num	per					

☐ 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	int)							
			other than the name appearing in Secti	,							
٦.	questionnaire?	YES	NO								
	If yes, list all n	ames									
5.	Have you had disciplinary accorporation who past five (5) years	YES	NO								
	If yes, disclose and the type of		n shown in Section 1), the business na	me, the name	e of the state	and issuing	department,				
6	Have you had a	any givil judgments rendered agains	st you within the past five (5) years?			YES	NO				
0.	-		activity under any occupational license?)		YES	· · · · · · · · · · · · · · · · · · ·				
	-	·									
		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										
	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	y						
crime or offense, either felony or misdemeanor?											
			ou were pardoned or if the offense was one and address of your probation or pa		m the record	of the court.	State if you				
				DISPOSITION OF OFFENSE							
	DATE OF CONVICTION	NATURE OF OFFENSE	COURT AND JURISDICTION		(DESCRIBE	SENTENCE)					
			(FULL NAME AND ADDRESS)	Amount Fined	Term of Probation	Jail or Prison Terr	Date n Released				
		☐ CHECK IF ADDITIONAL PAG	GE(S) IS/ARE ATTACHED TO PROVIDE TH	IE REQUESTE	D INFORMATI	ON					
S	ECTION 5 - (CERTIFICATION BY APPLICA	NT								
I,						, c	ertify				
uı	nder penalty of	Type or Print Fi perjury under the laws of the S	rst, Middle and Last Name tate of California that the answers a	and informat							
			pest of my knowledge and belief. I				•				
			orary Permit or License from the Ca	_							
	ommunity Dev	·	orary i crimit of Electrice from the ex-	amorria Dep		lousing an	iu.				
s	IGNATURE _			DATE							
EXECUTED IN THE COUNTY OF			ST	STATE OF							