## 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 COURSE PROVIDER APPROVAL (PART B)

SECTION 1 -	PERSONA	L INFORMATION	(Type or Pri	nt)							
NAME:					TE	I EDHC	NIE NII IM	RER· (	)		
NAME.	Last	First		Middle	' -	LLITIC	INC INCIVI	JLIV. (			
RESIDENCE AL	DDRESS:										
		Number and Street			City			State	ZIP	Code	
MAILING ADDRESS: (If different)  Number and Street or P.			O. Box		City			State	7IP	Code	
PHYSICAL DESCRIPTION:/				1	Ony	1		/	2	0000	
				Eye Color	Height	'	Weight		Birth Date		
E-MAIL ADDRE	SS (If applicable	e):									
		AL HISTORY (Typ	,								
Have you p     manufactur		n or are you now lice	ensed as a Mi	H-Unit or commer	cial mod	ular sal	esperson,	distributo	or, dealer or YES	NO	
If yes, License Number									<del></del>		
License Number											
Licer	nse Number			_ Expiration Date	e			State			
2. Do you now	/ hold a valid	California Driver's Li	cense?						YES	NO	
If yes, provi	de license nu	mber.			_						
-	ever been known by or used any name other than the name appearing on this application?								YES	NO	
		tional license refuse					nlinary ac	tion?	YES	NO	
	ose your nam	e used (if different th		· ·			-				
	ver been an C endered agair	owner, a Partner, a M nst it?	ember of an L	LC, Officer, Direc	tor or Co	ntrolling	Stockhol	der in a co	orporation that h	nad a crimina NO	
the court, th	ne amount an	et, disclose for each of date of any criminates	al penalty and	whether the judg	ment or p	penalty	has been	paid.			
misdemean	or?	s, have you ever be		•				•	YES	NO	
currently or	probation or	offense below. State parole, show the na	me and addre	ess of your probat	ion or pa	role offi	cer.			•	
		igation will be made, ılt in a refusal to app			ictions, fir	nes, pro	bations or	paroles ir	ncluding those o	out-of-state o	
DATE OF CONVICTION	NATURE C	OF OFFENSE		JURISDICTION E AND ADDRESS)					N OF OFFENSE E SENTENCE)		
						mount ined	Term of Probation		Jail or Prison Term	Date Released	
			+								
			†								
				ATTACHED TO		C TLIC	DEOLICO	TED INIT		<u> </u>	
		F ADDITIONAL PAGE	. ,	ATTACHED TO	FRUVID	CIME	REQUES	ובט וואר	OKIVIATION		
SECTION 3 -	CERTIFIC	ATION BY APPLI	CANT			_					
Ι,	Type or Print F	First and Last Name		, certify unde	er penalt	y of per	jury unde	r the law	s of the State	of California	
acknowledge t	ers and info hat I am not	rmation contained authorized to act d Community Dev	herein are in the capac	true and correct	t to the	best c	of my kno	wledge	and belief. I	certify and	
SIGNATURE	Ŭ	•	-					ΠΔΤ	F		
EXECUTED IN	THE COLU	NTY OF		STATE OF							
LVEOR LED II	* 111L COO	· · · · · · · · · · · · · · · · · · ·		STATE OF							