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 INSTRUCTOR APPROVAL

SECTION 1 -	- PERSONAL INFORMA	TION (Type or Pri	int)				
NAME:	Last		First		Middle		
TELEPHONE NUME	BER: ()						
RESIDENCE ADDRESS:Number and Street			City		State	ZIP Code	
MAILING ADDRESS:		r P. O. Box	City		State	ZIP Code	
PHYSICAL DESCRI	PTION://	// Hair Color	/ Eye Color	Height	/Weight	/ Birth D	ate
E-MAIL ADDRESS ((If applicable):						
	- PERSONAL HISTORY SWER EACH QUESTION C	· • • • • • • • • • • • • • • • • • • •					
Have you manufactur	previously been or are you er?	u now licensed as	a MH-Unit or o	commercial mod	lular salesperso	on, distributor, YESN	
If yes, Lice	nse Number	E	Expiration Date _		_ State		
Lice	nse Number		Expiration Date _		_ State		
License Number			Expiration Date		State		
2. Do you now hold a valid California Driver's License?						YESN	10
If yes, prov	ide the California Driver's Li	cense number			<u> </u>		
3. Have you e	ever been known by or used	any name other the	an the name app	earing on this ap	plication?	YES N	10
If yes, prov	ide all names.						
If yes, discl	nad an occupational license of ose the name(s) used (if diffit, type of license, and license	ferent than the nan	ne shown in Sect	on 1), the busin	ess name, the n	ame of the issu	·
	ever been an Owner, a Partne Igment rendered against it?	er, a Member of an	LLC, Officer, Dire	ector or Controlli	ng Stockholder i	-	that had a
	separate sheet, disclose for e court, the amount and date						e, the
Excluding to misdemear	raffic offenses, have you eve nor?	r been convicted, fi	ined or placed on	probation or parc	ole for any crime	or offense, eithe YESN	-
	each separate offense below are currently on probation of						court.
	kground investigation will bout-of-state or expunged, ma				, fines, probation	ons or paroles	including
DATE OF	NATURE OF OFFENSE	COURT OF JUI	URISDICTION AND ADDRESS)		DISPOSITION ((DESCRIBE S		
CONVICTION		(FULL NAME A		Amount Fined	Term of Probation/Parole	Jail or Prison Term	Date Released
				+		1	

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. 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 **EMPLOYER(S) INFORMATION DUTIES PERFORMED, IF APPLICABLE** FROM TO CLASSIFICATION: EMPLOYER: **DUTIES**: ADDRESS: MO./YR. MO./YR. TOTAL _____ YR. ____ MO. SUPERVISOR: **TELEPHONE NUMBER:** HOURS PER WEEK: FROM TO CLASSIFICATION: EMPLOYER: DUTIES: ADDRESS: MO./YR. MO./YR. TOTAL _____ YR. ____ MO. SUPERVISOR: **TELEPHONE NUMBER:** HOURS PER WEEK: FROM TO CLASSIFICATION: EMPLOYER: DUTIES: ADDRESS: MO./YR. MO./YR. TOTAL _____ YR. ____ MO. SUPERVISOR: TELEPHONE NUMBER: HOURS PER WEEK: ☐ CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO PROVIDE THE REQUESTED INFORMATION SECTION 4 - APPLICANT CERTIFICATION , certify under penalty of perjury under the laws of the Type or Print First and Last Name 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.

DATE _____

STATE OF _____

EXECUTED IN THE COUNTY OF

SIGNATURE