



**FIELD OFFICE USE ONLY**

OL NUMBER ISSUED \_\_\_\_\_

PHOTO SEQUENCE NUMBER \_\_\_\_\_

TOTAL FEE COLLECTED \_\_\_\_\_

DATE FEES PAID (DATE LINE STAMP) \_\_\_\_\_

**APPLICATION FOR OCCUPATIONAL LICENSE**

**ALL APPLICATION FEES ARE NON-REFUNDABLE**

Temporary Permit Issued

Yes Date \_\_\_\_\_

No If no, attach temporary permit.

Attach DMV 8016

**HEADQUARTERS USE ONLY**

DATE OL LICENSE EXPIRES \_\_\_\_\_

All licensees are responsible for renewing their license prior to the expiration date shown on license.

**A. APPLYING FOR: (Check one box)**

**Vehicle Salespersons License**

- Original (SPO)
- Renewal (SPR) (prior to expiration)
- Reinstatement (SRX) (expired license)

**Other Licenses**

- Driver Instructor (20M)
- Additional License (20M) (Driver Instructor Only)
- All-Terrain Vehicle Safety Instructor

**B. APPLICANT INFORMATION: (Type or Print) USE YOUR TRUE FULL NAME**

NAME (FIRST, MIDDLE, LAST) \_\_\_\_\_ AREA CODE/TELEPHONE NUMBER ( ) \_\_\_\_\_

RESIDENCE ADDRESS (NUMBER AND STREET) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OTHER ADDRESS, IF APPLICABLE (P. O. BOX OR PRIVATE MAIL BOX) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
CALIFORNIA DRIVER LICENSE/IDENTIFICATION CARD NUMBER		EXPIRATION DATE	SOCIAL SECURITY NUMBER		

Have you ever been known by or used any name other than the name appearing on this questionnaire? .....  Yes  No

IF YES, LIST NAME(S) \_\_\_\_\_

**C. EMPLOYED BY: (Information provided must be the same as Employer's License)**

FIRM NAME \_\_\_\_\_ FIRM LICENSE NUMBER \_\_\_\_\_ AREA CODE/TELEPHONE NUMBER ( ) \_\_\_\_\_

FIRM ADDRESS (NUMBER AND STREET) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**D. EXPERIENCE AND EMPLOYMENT RECORD FOR PAST THREE YEARS: (List most recent first.)**

FROM MO YR	TO MO YR	EMPLOYERS: NAMES, ADDRESSES, TYPE OF BUSINESS	DUTIES PERFORMED

(ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED)

**E. ADDITIONAL BACKGROUND INFORMATION:**

1. Have you previously been or are you now licensed or have you ever applied in this state as a vehicle salesperson, representative, distributor, dealer, dismantler, manufacturer, remanufacturer, transporter, verifier, lessor-retailer, driving school owner, operator, instructor, all-terrain vehicle safety training organization or instructor? .....  Yes  No

IF YES, LIST LICENSE NUMBER \_\_\_\_\_

2. Have you ever had a business, occupational license, or application issued by the State of California, Department of Motor Vehicles, or by another state, which was refused, revoked, suspended or subject to other disciplinary action? .....  Yes  No

IF YES, LIST TYPE OF LICENSE, LICENSE NUMBER, ACTION BY DEPARTMENT, DATE OF ACTION, AND STATE LICENSE WAS ISSUED \_\_\_\_\_



3. Were you ever a partner, managerial employee, officer, director, or stockholder in a firm that had a civil judgement or bankruptcy rendered against it, or you as an individual? .....  Yes  No  
IF YES, DESCRIBE TYPE OF LICENSE, LICENSE NUMBER, STATE LICENSE WAS ISSUED, GIVE DATE BANKRUPTCY FILED, NAME AND LOCATION OF COURT OF JURISDICTION

4. Do you currently have any criminal charges pending against you in any state or federal court? .....  Yes  No  
IF YES, LIST THE STATE, COURT, CASE NUMBER, AND NATURE OF THE CHARGES

5(a) **FOR VEHICLE SALESPERSONS ONLY:**  
**EXCLUDING TRAFFIC OFFENSES**, have you ever been CONVICTED, PLACED ON PROBATION, OR RELEASED FROM INCARCERATION FOLLOWING CONVICTION for any crime or offense, either Felony or Misdemeanor, of **ANY** Federal or State jurisdiction, within the last ten years? .....  Yes  No  
 If yes, read **Important Notice To All Applicants** below and complete Section F.

5(b) **FOR DRIVING SCHOOL AND ALL-TERRAIN VEHICLE SAFETY TRAINING INSTRUCTORS ONLY:**  
**INCLUDING TRAFFIC OFFENSES**, have you ever been CONVICTED, PLACED ON PROBATION, OR RELEASED FROM INCARCERATION FOLLOWING CONVICTION for any crime or offense, either Felony or Misdemeanor, of **ANY** Federal or State jurisdiction, within the last ten years? .....  Yes  No  
 If yes, read **Important Notice To All Applicants** below and complete Section F.

**IMPORTANT NOTICE TO ALL APPLICANTS**

**TO EXPEDITE A REVIEW OF YOUR APPLICATION, YOU MAY SUBMIT A COPY OF THE ARRESTING AGENCY REPORT AND A CERTIFIED COPY OF THE COURT DOCUMENTS.**

Even if you were pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4, or any other federal or state law equivalent, you must disclose the conviction for licensing purposes. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, **you must still disclose the conviction.** Failure to disclose all convictions, including those out-of-state or out-of-country may result in the cancellation of the temporary permit and may result in the refusal of the occupational license. Listing all conviction information may not necessarily preclude you from receiving a license.

Applicant Initials Required \_\_\_\_\_

**FAILURE TO INITIAL WILL DELAY PROCESSING OF THIS APPLICATION**

**F. MISDEMEANOR OR FELONY CONVICTIONS:**

CONVICTION DATE	CONVICTED OF	COURT OF JURISDICTION (FULL NAME AND ADDRESS)	DISPOSITION OF OFFENSE (DESCRIBE SENTENCE)			
			Amount Fined	Term of Probation	Jail or Prison Term	Date Released

(ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED)

**G. APPLICANT CERTIFICATION:**

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
**X**

**H. EMPLOYING LICENSEE'S ACKNOWLEDGMENT:**

*I hereby certify that I am the authorized representative of the employing licensee named herein. It is my intention to employ the above named applicant when he/she receives a temporary permit or license from the Department of Motor Vehicles.*

DATE	TITLE (I.E., CORPORATE OFFICER, OWNER, OPERATOR)	LICENSE NO. (SALES MANAGER'S LICENSE NO.)
PRINT NAME	AUTHORIZED SIGNATURE	
	<b>X</b>	

## **IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THE FOLLOWING INFORMATION.**

### **ADVISORY STATEMENT**

The information required on the attached form pertains to eligibility for issuance of an occupational license. It is required under authority of Division 5 of the California Vehicle Code. Failure to provide the information is cause for refusal to issue an occupational license.

This information is public record, regularly used by law enforcement agencies, and is open to inspection by the public. Information contained in these records, classified as confidential or personal pursuant to the Information Practices Act of 1977 and the Public Records Act, is exempt from disclosure. Individuals are entitled to inspect or obtain copies of information contained in their records during regular office hours by prior arrangement.

The Occupational Licensing Branch, P.O. Box 932342, Sacramento, CA 94232-3420, is responsible for maintaining this information.

### **DISCLOSURE STATEMENT**

#### **SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE – You are required by law to provide your social security number or your application will be denied.**

“Your social security number will be collected pursuant to California Business and Professions Code Section 30. It is used in the administration of occupational licensing laws to determine eligibility for issuance or renewal of an occupational license subject to the applicable provisions of the California Vehicle Code, California Business and Professions Code Sections 29.5, 30 and 31, as well as California Welfare and Institutions Code Section 11350.6. It is also used to aid in the collection of monies owed in connection with failure to pay a fine or failure to appear in court by an applicant; and to aid in the collection of monies owed by an applicant in connection with Aid to Families with Dependent Children, Child Support and Establishment of paternity and Federal Payments for Foster Care and Adoption Assistance Programs, pursuant to 42 U.S.C. Section 405 and 42 U.S.C. Section 651 et seq.

Your social number is not provided for public inspection; however, it will be provided in response to requests for information from state and federal agencies operating and involved in the collection of taxes and child support payments pursuant to 42 U.S.C. 601 et seq., and California Business and Professions Code Section 30.

Collection of your social security number is mandatory. Failure to furnish the information requested will result in denial of processing an application for issuance or renewal of an occupational license or permit, pursuant to Business and Professions Code Section 30, subdivision(c).”

**Please be advised that you may not reapply for a license until a period of one year has elapsed since a previous license for which you are applying now has been revoked, refused, or denied pursuant to California Vehicle Code Sections 11810(d) and 11107(c).**

***Applicant should retain this page for their information.***