

OCCUPATIONAL LICENSING – STATEMENT OF FACTS

Complete the appropriate section(s) in full and sign Section 3.

SECTION 1 — OCCUPATIONAL LICENSEE INFORMATION

FULL NAME (FIRST, MIDDLE, LAST)	EMAIL ADDRESS	TELEPHONE NUMBER ()
OCCUPATIONAL LICENSE NUMBER	BUSINESS/INDIVIDUAL LICENSE APPLICATION NUMBER	

SECTION 2 — STATEMENT OF FACTS

I, the undersigned, state:

SECTION 3 — SIGNATURE

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

SIGNATURE X	TITLE	DATE
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SECTION 4 — DMV EMPLOYEE SIGNATURE

EMPLOYEE PRINTED NAME/ID NUMBER	OFFICE NAME/ID NUMBER	DATE
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