

STATEMENT OF PERSONAL HISTORY- OWNER INTERSTATE CARRIER PROGRAM (ICP)

In order to provide a high level of quality service and to maintain the trust and confidence of the public we serve, the California Department of Motor Vehicles (CADMV) has a pre-implementation screening process for owners interested in participating in the ICP. The screening may consist of inquiry to Law Enforcement agencies and personal interviews to determine suitability for participation in the ICP. The information required on the attached form pertains to eligibility for participation in the ICP. Failure to provide the information is cause for refusal to be a participant.

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.

Important—Read carefully: This form must be completed by each owner who will be involved in the ICP and have access to the CADMV's records. Before you submit the form, be sure that you have signed it and that you have fully answered each question. **Incorrect information is grounds for refusal to participate in the ICP.**

SECTION 1 — PERSONAL INFORMATION

TRUE FULL NAME (LAST, FIRST, MIDDLE)

RESIDENCE ADDRESS CITY COUNTY STATE ZIP CODE

TELEPHONE NUMBER (RESIDENCE)

()

TELEPHONE NUMBER (BUSINESS)

()

SECTION 2 — PHYSICAL DESCRIPTION

BIRTHDATE

SEX

HAIR COLOR

EYE COLOR

HEIGHT

WEIGHT

Do you hold a valid California Driver License or California Identification Card? Yes No

IF YES, ENTER LICENSE OR IDENTIFICATION NUMBER

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

IF YES, PRINT NAME USED

SIGNATURE USED

X

SECTION 3 — EMPLOYMENT HISTORY *(List your jobs for the last 3 years. Begin with your most recent job.)*

FROM (MO/DAY/YR)	TO (MO/DAY/YR)	JOB TITLE/CLASSIFICATION (INCLUDE RANGE AND LEVEL, IF APPLICABLE.)
HOURS PER WEEK	TOTAL WORKED (YRS/MON)	COMPANY/STATE AGENCY NAME
BUSINESS ADDRESS	CITY	STATE ZIP CODE

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MO/DAY/YR)	TO (MO/DAY/YR)	JOB TITLE/CLASSIFICATION (INCLUDE RANGE AND LEVEL, IF APPLICABLE.)
HOURS PER WEEK	TOTAL WORKED (YRS/MON)	COMPANY/STATE AGENCY NAME
BUSINESS ADDRESS	CITY	STATE ZIP CODE

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MO/DAY/YR)	TO (MO/DAY/YR)	JOB TITLE/CLASSIFICATION (INCLUDE RANGE AND LEVEL, IF APPLICABLE.)
HOURS PER WEEK	TOTAL WORKED (YRS/MON)	COMPANY/STATE AGENCY NAME
BUSINESS ADDRESS	CITY	STATE ZIP CODE

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MO/DAY/YR)	TO (MO/DAY/YR)	JOB TITLE/CLASSIFICATION (INCLUDE RANGE AND LEVEL, IF APPLICABLE.)
HOURS PER WEEK	TOTAL WORKED (YRS/MON)	COMPANY/STATE AGENCY NAME
BUSINESS ADDRESS	CITY	STATE ZIP CODE

DUTIES PERFORMED

REASON FOR LEAVING

SECTION 4 — PERSONAL HISTORY

I. (a) Have you ever applied in California to be a registration service? Yes No

IF YES, OCCUPATIONAL LICENSE NUMBER

(b) Have you ever applied for or received a Requester Code? Yes No

IF YES, REQUESTER CODE NUMBER

(c) Have you ever had a business or occupational license issued by the CADMV or any application for such license refused, revoked, suspended or subjected to other disciplinary action? Yes No

IF YES, LICENSE NUMBER

TYPE OF LICENSE

DATE OF ACTION

DISCIPLINARY ACTION TAKEN

(d) Were you ever a partner, managerial employee, officer, director, or stockholder in a firm licensed by the CADMV, and the license was revoked, suspended or subject to other disciplinary action? Yes No

IF YES, LICENSE NUMBER

TYPE OF LICENSE

DATE OF ACTION

DISCIPLINARY ACTION TAKEN

(e) Were you ever the holder of an occupational license issued by another state, authorizing the same or similar activities that was revoked or suspended for cause and was never reissued, or was suspended for cause and the terms of the suspension have not been fulfilled? Yes No

IF YES, LICENSE NUMBER

TYPE OF LICENSE

STATE LICENSE WAS ISSUED

II. Do you currently have any criminal charges pending against you in any State or Federal court? Yes No

III. Within the last three years have you ever:

(a) Been dismissed, fired, demoted, had your salary or compensation reduced for cause or had any other adverse action taken against you for any reason? Yes No

(b) Resigned from or quit a position while you were under investigation or after being informed disciplinary action would be taken against you, or during an appeal from a disciplinary action? Yes No

(c) Been rejected or told you would not receive permanent or continued employment for cause during any type of probationary or trial period on the job? Yes No

(d) If you answered yes on any of the above, provide details on a separate piece of paper.

IV. If the termination, demotion or other adverse action from employment involved any civil or administrative case, please provide the name of the court and the case number.

NAME OF COURT

CASE NUMBER

V. Excluding traffic offenses, have you been **convicted, placed on probation, released from incarceration following a conviction**, within the last ten years, for any crime or offense **either felony or misdemeanor, in ANY Federal or State jurisdiction?** (See Important Notice below) Yes No

IMPORTANT NOTICE

IMPORTANT NOTICE

IMPORTANT NOTICE

If you answered "Yes" to question V, list each separate offense, the date of conviction, offense, court of jurisdiction and disposition in the appropriate columns.

TO EXPEDITE A REVIEW OF YOUR APPLICATION, THE FOLLOWING EVIDENCE MUST BE SUBMITTED:

- Certified copy of the arresting agency report;
- Certified copy of the court documents.
- Penal Code Section 1203.4, expungement of your conviction(s);*
- Written receipts for payment of court-ordered restitution, fines and fees;
- Character letters attesting to your honesty and integrity by persons who know the circumstances of your conviction(s);
- Evidence of completion of a drug or alcohol abuse program.

*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. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, **you must still disclose the conviction. Applicants need NOT disclose a conviction for violation of Health and Safety Code Sections 11357 or 11360(b), if the conviction is more than two years old.**

Failure to disclose all convictions, including those out-of-state or out-of-county **may result in the rejection** of the application to participate in the ICP. Listing all conviction information may not necessarily deny your application to the ICP.

Owner's Initials Required _____

CONVICTION DATE	CONVICTED OF	COURT OF JURISDICTION (Full Name and Address)	DISPOSITION OF OFFENSE (Describe Sentence)			
			Amount Fined	Term of Probation	Jail or Prison	Date Released

Any falsification, withholding, or failure to answer all questions completely and accurately may be grounds for disqualification from the ICP.

SECTION 5 — CERTIFICATION

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

PRINTED NAME	EXECUTED AT (CITY, STATE)
SIGNATURE X	EXECUTED ON (DATE)