



**APPLICATION FOR ON-LINE INFORMATION SERVICE
SPECIAL PERMIT
PERSONAL HISTORY QUESTIONNAIRE**

Important -- Read Carefully: This questionnaire must be completed by the Security Administrator, Review Administrator, Access Control Administrator and each person or principle officer, partner or sole owner applying for a special permit. The information requested pertains to eligibility for issuance of a special permit to obtain on-line access to DMV information under authority of California Vehicle Code section 1810.7. Failure to provide the information is cause for refusal to issue an On-Line information Service Special Permit.

CVC § 1810.7 (c) *The department may establish minimum volume levels, audit and security standards, and technology requirements, or any terms and conditions it deems necessary for the permits.*

Check all that apply:

- Security Administrator Review Administrator Access Control Administrator Principal Officer Partner Sole Owner

A. APPLICANT INFORMATION: Type or Print YOUR TRUE FULL NAME

NAME (LAST, FIRST, MIDDLE) (PLEASE PRINT)				BUSINESS AREA CODE/TELEPHONE NUMBER	
RESIDENCE ADDRESS (NUMBER AND STREET)				HOME AREA CODE/TELEPHONE NUMBER	
DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
DRIVER LICENSE/IDENTIFICATION NUMBER		ISSUING STATE		E-mail Address	

B. BACKGROUND INFORMATION

- Have you ever been known by or used any name other than the name appearing on this questionnaire?
(Include the different way(s) you sign your name) Yes No
If yes, what name(s)? _____
- Have you personally ever had any business, professional or occupational license or an application for such license refused, revoked, suspended, or subjected to other disciplinary action Yes No
If yes, show license number, type of license, action by licensing agency, and date of action: _____
- Have you ever been a sole owner, partner, corporate officer, or managerial employee, in a firm in which the firm's business, professional or occupational license was revoked, suspended or subjected to other disciplinary action?..... Yes No
If yes, show license number, type of license, action by licensing agency, and date of action _____
- Have you ever declared bankruptcy or were you ever a sole owner, partner, corporate officer, or managerial employee in a firm that declared bankruptcy?..... Yes No
If yes, give date bankruptcy was filed and name and location of court of jurisdiction _____
- Have you ever had criminal charges filed against you for stalking or violent crimes?..... Yes No
If yes, give offense, court of jurisdiction and disposition of case _____

6. Have you had any criminal charges filed against you for misusing DMV information? Yes No

If yes, give offense, court of jurisdiction and disposition of case_____

7. Have you ever been convicted of computer fraud? Yes No

If yes, give offense, court of jurisdiction and disposition of case_____

ATTACH ADDITIONAL SHEETS IF NECESSARY

CERTIFICATION BY APPLICANT

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

PRINT NAME/TITLE

SIGNATURE

DATE