



REQUEST FOR OCCUPATIONAL LICENSING INFORMATION

Information Requested
 Business
 Individual

INSTRUCTIONS:

See Public Information Guide on back page for questions concerning the type of information that can be released.

- Print clearly or type.
- A minimum \$5.00 processing fee is billed for each request that requires a search of the department's files.
- If you hold a pre-approved commercial requester account, your account will be billed the appropriate fees.
- If you do not currently have an account, the appropriate fees must be submitted at the time of request.
- Mail completed and signed form to: Department of Motor Vehicles, Occupational Licensing, P.O. Box 932342, Mail Station L224, Sacramento, CA 94232-3420.

SECTION 1 — REQUESTER INFORMATION

| | | |
|---------------------------------|-----------------------|----------------------------|
| REQUESTER (LAST, FIRST, MIDDLE) | VENDOR REQUESTER CODE | AGREEMENT NUMBER |
| ADDRESS | USER REQUESTER CODE | AGREEMENT NUMBER |
| CITY | STATE | ZIP |
| | | TELEPHONE NUMBER () |

SECTION 2 — INFORMATION REQUESTED

| | | |
|-----------------|--------------------------------------|--|
| INDIVIDUAL NAME | DATE OF BIRTH | INDIVIDUAL OCCUPATIONAL LICENSE NUMBER |
| BUSINESS NAME | BUSINESS OCCUPATIONAL LICENSE NUMBER | |
| ADDRESS | CITY | STATE |
| | | ZIP |

DESCRIPTION OF INFORMATION REQUESTED

SECTION 3 — REQUESTER'S SIGNATURE AND DRIVER LICENSE / IDENTIFICATION NUMBER

| | | |
|-----------------------|--------------------------|----------------|
| SIGNATURE X | DRIVER LICENSE/ID NUMBER | DATE REQUESTED |
|-----------------------|--------------------------|----------------|

FOR DEPARTMENTAL USE ONLY

- Cannot identify from information submitted.
- No record found based on information submitted.
- License number incorrect for name submitted.
- Invalid requester/or end user code.
- Other

| | | | |
|-------------|--------------|--------------------------|------|
| AMOUNT PAID | CHECK NUMBER | COMPLETED BY X | DATE |
|-------------|--------------|--------------------------|------|

OCCUPATIONAL LICENSING

PUBLIC INFORMATION GUIDE

| INFORMATION | | AVAILABLE ON THE WEB | RELEASABLE TO THE PUBLIC | IN WRITING | BY PHONE |
|------------------------------------|---|----------------------|--------------------------|------------|----------|
| LICENSE | License Status | YES | YES | YES | YES |
| | Number of Consumer Complaints | NO | NO | NO | NO |
| | Pending Consumer Complaints | NO | NO | NO | NO |
| | Current Adverse Action | YES | YES | YES | YES |
| | Status and dates, no other details | | | | |
| | Prior Adverse Action | YES | YES | YES | YES |
| Status and dates, no other details | | | | | |
| OWNER | Owner's Names/Titles | YES | YES | YES | YES |
| | Owner's Home Address | NO | NO | NO | NO |
| | Owner's Home Telephone Number | NO | NO | NO | NO |
| INDIVIDUAL | Individual's Licensee's Name | NO | YES | YES | NO |
| | Individual's Home Address | NO | NO | NO | NO |
| | Individual's Home Telephone Number | NO | NO | NO | NO |
| | Place of Employment | NO | YES | YES | NO |
| | Employment Dates | NO | YES | YES | NO |
| FIRM | Firm Number | YES | YES | YES | YES |
| | Firm Name | YES | YES | YES | YES |
| | Firm Address | YES | YES | YES | YES |
| | Firm Branch Name/ Address | YES | YES | YES | YES |
| | Firm Telephone Number | YES | YES | YES | YES |
| BOND | Bonding Company Name | NO | YES | YES | YES |
| | Bond Number | NO | YES | YES | YES |
| | Bonding Company Address | NO | YES | YES | YES |
| | Bond Effective Date | NO | YES | YES | YES |
| | Name of Principal on Bond | NO | YES | YES | YES |
| DEALER | Verification of Dealer Name/Number for Auctions | YES | YES | YES | YES |
| | Verification of Dealer Amount/Number of Plates | NO | YES | YES | NO |