

Applicant's Business Name (as listed in Section 1 of this application): _____

(If additional space is needed, please make a copy of this blank page.)

SECTION 4 – PERSONNEL FULL LEGAL NAMES AND ADDRESSES (Other than Qualifying Individual)

The following must be **completed by all individuals and companies that will be listed on the license**. You must provide **full legal names** of all individuals. Each individual must sign the certification statement under penalty of perjury. (See Page 4 of the General Information and Instructions regarding company personnel.)

| | | | | | |
|---|-----------|--|---------------|--------------------------------|------------------|
| 9a. PERSONNEL FULL LEGAL NAME Last First Middle | | | DATE OF BIRTH | SOCIAL SECURITY NUMBER or ITIN | |
| RESIDENCE ADDRESS Number/Street Only – NO P.O. Boxes or PMBs City | | | State | ZIP Code | DRIVER LICENSE # |
| TITLE OR POSITION (check only one) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer - Title(s) _____ | | | | RESIDENCE PHONE NUMBER () | |
| I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this application. In signing and submitting this application, I also authorize the Franchise Tax Board to provide CSLB with required tax information pursuant to BPC section 7145.5. | | | | | |
| Date | Signature | | Printed Name | | |

| | | | | | |
|---|-----------|--|---------------|--------------------------------|------------------|
| 9b. PERSONNEL FULL LEGAL NAME Last First Middle | | | DATE OF BIRTH | SOCIAL SECURITY NUMBER or ITIN | |
| RESIDENCE ADDRESS Number/Street Only – NO P.O. Boxes or PMBs City | | | State | ZIP Code | DRIVER LICENSE # |
| TITLE OR POSITION (check only one) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer - Title(s) _____ | | | | RESIDENCE PHONE NUMBER () | |
| I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this application. In signing and submitting this application, I also authorize the Franchise Tax Board to provide CSLB with required tax information pursuant to BPC section 7145.5. | | | | | |
| Date | Signature | | Printed Name | | |

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| 9c. PERSONNEL FULL LEGAL NAME Last First Middle | | | DATE OF BIRTH | SOCIAL SECURITY NUMBER or ITIN | |
| RESIDENCE ADDRESS Number/Street Only – NO P.O. Boxes or PMBs City | | | State | ZIP Code | DRIVER LICENSE # |
| TITLE OR POSITION (check only one) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer - Title(s) _____ | | | | RESIDENCE PHONE NUMBER () | |
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| Date | Signature | | Printed Name | | |

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| Date | Signature | | Printed Name | | |

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