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9d. PERSONNEL FULL LEGAL NA Last	ME First	Middle	DATE OF BIRTH	SOCIAL SECU	RITY NUMBER or ITIN					
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TITLE OR POSITION (check only of Member  Manager	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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