

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

The following must be completed by **all** individuals who will be listed on the license. You must provide **full legal names** of all individuals. Each individual must sign the certification under penalty of perjury. (*The definition of "perjury" is telling a lie while under oath.*)

9a. PERSONNEL FULL LEGAL NAME Last First Middle			DATE OF BIRTH	SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS Number/Street Only – <b>NO</b> P.O. Boxes or PMBs City State			ZIP Code	DRIVER LICENSE #	
TITLE OR POSITION (check only one) <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 accurate, and that I have reviewed the entire contents of this application. I authorize the Franchise Tax Board to provide CSLB with required tax information pursuant to B&P Code Section 7145.5.					
Date	Signature		Printed Name		

9b. PERSONNEL FULL LEGAL NAME Last First Middle			DATE OF BIRTH	SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS Number/Street Only – <b>NO</b> P.O. Boxes or PMBs City State			ZIP Code	DRIVER LICENSE #	
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9c. PERSONNEL FULL LEGAL NAME Last First Middle			DATE OF BIRTH	SOCIAL SECURITY NUMBER	
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9d. PERSONNEL FULL LEGAL NAME Last First Middle			DATE OF BIRTH	SOCIAL SECURITY NUMBER	
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Date	Signature		Printed Name		

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FOR CSLB USE ONLY