



Occupational and Business Licensing  
555 Wright Way  
Carson City, Nevada 89711 - 0100  
(775) 684-4690  
[www.dmvnv.com](http://www.dmvnv.com)

## PERSONAL HISTORY QUESTIONNAIRE

New  Update

This questionnaire is filed as part of the licensing application for:

Business License:  Principal  Resident Agent/Manager

Occupational License:  Salesman  Drive School Instructor  Traffic Safety School Instructor  
 Inspector  DUI School Instructor

Full Legal Name: \_\_\_\_\_  
Last First Middle

Additional names you have been know by (*maiden name, stage name, nickname*):

\_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Physical Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Additional Phone \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_  
City State  
 Female  Male

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Scars, marks and/or tattoos \_\_\_\_\_

\_\_\_\_\_ Photo

(Full face, shoulder and above)

Applicant's Name \_\_\_\_\_

**Personal History Questionnaire**

Employment History for the past 5 years beginning with the most current (*no gaps.*)

<b>From (month/year)</b>	<b>To (month/year)</b>	<b>Employer</b>	<b>Complete Address/Telephone #</b>

**Drive, DUI or Traffic Safety applicants only:**

Have you ever been arrested or convicted of a crime or offense, either felony, gross misdemeanor or misdemeanor, including traffic misdemeanor offenses?  Yes  No

**All other applicants:**

Have you ever been arrested or convicted of a crime or offense, either felony, gross misdemeanor or misdemeanor, excluding traffic misdemeanor offenses?  Yes  No

**If "Yes," list separate charge by date of arrest. Describe the offense, court and disposition in the appropriate columns.**

<b>Date of Arrest</b>	<b>Nature of Offense</b>	<b>Court of Jurisdiction</b>	<b>Disposition of Offense</b>

List names, complete address and phone numbers of two personal references.

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>

Are you currently, or have you ever been under supervision of a parole or probation agency of any state? If so, provide name and address of the agency, name of supervising officer and phone number. Provide a copy of your discharge, if appropriate (*explain.*)

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Applicant's Name \_\_\_\_\_

**Personal History Questionnaire**

Have you previously held or do you presently have a business or occupational license issued by the Department of Motor Vehicles?  Yes  No

If "Yes," license number \_\_\_\_\_ State \_\_\_\_\_

Have you ever had a business or occupational license, in this state or any other state including a driver's license, which was denied, suspended, revoked or had administrative sanction against it? Yes No (if Yes, explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify under penalty of perjury that the information contained in my Personal History Questionnaire is true and correct. I hereby authorize the Department of Motor Vehicles to make any background investigation necessary as it pertains to the issuance of my license. I understand that the providing of false information or the omission of the requested information in this questionnaire is grounds to deny, suspend or revoke my business or occupational license. I further understand that filing false information to obtain any license or permit is a criminal act as defined in Nevada Revised Statutes and Nevada Administrative Codes in addition to being subject to the administrative sanctions as prescribed by law.*

\_\_\_\_\_  
Signature of Applicant Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public or Authorized Nevada DMV Representative

\* \* \* \* \*

For Department Use Only	
Case No _____	
<input type="checkbox"/> Application completed and signed	<input type="checkbox"/> Fingerprints <input type="checkbox"/> Background Investigation <input type="checkbox"/> Total Fees \$_____

Application reviewed and accepted:

\_\_\_\_\_  
Signature of Employee Date

\_\_\_\_\_  
Signature of Supervisor (if applicable) Date

Recommendation:  Approved  Denied

\_\_\_\_\_  
Signature of Investigator (if applicable) Date

Applicant's Name \_\_\_\_\_

**Personal History Questionnaire**

**IMPORTANT**

Federal Welfare Reform, as implemented by the 1997 Session of the Nevada Legislature by S.B. 356, requires that professional and occupational licensing agencies add certain questions regarding child support to all applications for new licenses and for renewal of all occupational licenses.

Each occupational and business license applicant, applying for a new license or for renewal of an existing license must complete and sign the child support information below.

**Your application cannot be processed without submitting this form, completed and signed.**

**CHILD SUPPORT INFORMATION**

Please mark the appropriate response (failure to mark one of the three will result in denial of the application.)

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order. Indicate the county, state and contact number below, for verification.
- I am subject to a court order for the support of one or more children and am not in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

County \_\_\_\_\_ State \_\_\_\_\_ Contact Number \_\_\_\_\_

Applicant's Social Security No. \_\_\_\_\_

Applicant's Full Legal Name (*please print*) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Business or Occupational License Number \_\_\_\_\_



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### CERTIFICATE OF EMPLOYMENT

Please type or print in ink.

**Salesman**

**Inspector**

Class:

One

Two

Gas

Diesel

**Drive School Instructor**

CDL

Non CDL

**DUI School Instructor**

**Traffic Safety School Instructor**

New

Renewal

Transfer

Behind the Wheel

General Classroom

General Classroom Under 18

Trainee

#### FEES

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

#### EMPLOYEE:

Full Legal Name \_\_\_\_\_ Occupational License No. \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Social Security No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

I certify under penalty of perjury that all information contained in this application is true and correct.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### EMPLOYER:

Business Name \_\_\_\_\_ Business License No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Authorized Representative's Name (*Print*)

Title

Authorized Representative's Signature

Date



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**LICENSEE / REGISTRANT ACKNOWLEDGEMENT**

*Please print or type*

I \_\_\_\_\_ having made application with the Department of Motor  
 Name (please print)

Vehicles, for a business or occupational license, acknowledge that I have been provided with the Department website address and directions on how to access the Nevada Revised Statute and Nevada Administrative Code pertaining to the license/registration for which I am applying and have been encouraged to review those laws and rules, since they affect the manner in which my business is conducted.

NRS/NAC Chapter 445B	NRS/NAC Chapter 482	NRS/NAC Chapter 483	NRS/NAC Chapters 487 & 597 (Body Shop & Garage only)
Station and Inspector licensing.	Broker, Dealer, Distributor, Long Term Lessor, Manufacturer, Rebuilder, Salesman, Short Term Lessor and Transporter licensing.	Instructor and School licensing.	Body Shop, Garage, Salvage Pool and Wrecker licensing.

**DMV WEBSITE**  
[www.dmvnv.com](http://www.dmvnv.com)

Select Business link for specific type of license.

**NRS/NAC WEBSITE**  
[www.leg.state.nv.us](http://www.leg.state.nv.us)

Select the appropriate NRS Chapter Link from this website.

Name \_\_\_\_\_ License No. \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

Social Security No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

I certify under penalty of perjury that all information contained in this application is true and correct. I agree to comply with all NRS/NAC requirements applicable to the license that I am applying for.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 DMV Representative's Signature

\_\_\_\_\_  
 Date



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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize any person or entity contacted by the Department of Motor Vehicles, its agents or employees, during the course of my background investigation, to furnish to such agents or employees, any information or opinions they may have.

I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, the Department of Motor Vehicles, or any of its agents or employees, and any and all persons or entities who shall furnish any information or opinions to the agents or employees, of the Department of Motor Vehicles who conduct my background investigation.

This waiver and its authority is valid until such time the applicant is no longer licensed by the State of Nevada, Department of Motor Vehicles and a request has been made of the Central Repository to transfer the applicant's fingerprint record to inactive status.

I \_\_\_\_\_ having made application with the Department of Motor  
Name (please print)

Vehicles, for business or occupational licensing authorize the department to forward my fingerprints to the Central Repository for Nevada records of criminal history and for submission to the Federal Bureau of Investigation for its criminal history report.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public or Authorized Nevada DMV Representative