

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

## PERSONAL HISTORY QUESTIONNAIRE

This questionnair	e is filed as pa	art of the licensi	ng application	for:		∐ N∈	ew ∐ Update
Business	ess License:  Principal Registered Agent/Manager						
Occupation	onal License:	☐ Salesperson ☐ Drive School Instructor			☐ Traffic Safety School Instructor		
		☐ Inspector	☐ DUI Sch	nool Instructor			
All lines and spa	nces must be	completed in	full. If not app	plicable enter (N/A)			
Full Legal Name:							
Additional names	Last you have bee	en known by <i>(m</i>	Firs naiden name, s	t stage name, nicknan	Middle ne):		
Mailing Address		Street		City		State	Zip
Physical Address		Street		City		State	Zip
Home Phone		Additi	ional Phone				
Driver's License N	No	State					
Date of Birth				Place of Birth			
Social Security No				City State  Female Male		e	
Height	eight Weight			Hair		Eyes	
Scars, marks, and	d/or tattoos						
Employment His	story for the p	oast 5 years be	eginning with	the most current (	without gaps):		
From (month/year)	To (month/yea		Employer	Co	mplete Address	/Telephone	e #

Applicant's Name		Personal Histo	ory Questionnaire			
List names, comր	plete addres	s, and phone numbers of t	wo personal references.			
Name	Name Address					
					Phone Number	
	en arrested o		ense, either felony, gross misden	neanor or mis	sdemeanor,	
	en arrested o	r convicted of a crime or offe offenses? ☐ Yes ☐ No	ense, either felony, gross misden	neanor or mis	sdemeanor,	
		e by date of arrest. Descre required, use a separate	ibe the offense, court, and di sheet of paper.	sposition in	the appropriate	
Date of Arres	st	Nature of Offense	Court of Jurisdiction	Disposition of Offense		
	s of the agend		of a parole or probation agency er and phone number. Provide a			
regarding child su	Statute 482.3 apport from a nse and com	pplicants for new licenses applete the remainder of the f	ll and occupational licensing ag and for renewal of all occupatio form. Failure to mark one of th	nal licenses.	Please mark the	
□ la	I am not subject to a court order for the support of a child.					
pla	an approved		t of one or more children and ar or other public agency enforci the order; or			
wi	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.					

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Applicant's Name		
	Personal History	y Questionnaire
Have you previously held or do you Vehicles in this State or by any other		ss or occupational license issued by the Department of Motensing authority? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
If "Yes", license number	State	
Have you ever had a business or or was denied, suspended, revoked, o		s state or any other state including a driver's license, which tion against it?
issuance of my license. In relation, agents or employees to furnish any investigation. I release from liability Nevada, Department of Motor Vehi opinions to the Department of Motor information or the omission of the rebusiness or occupational license.	I authorize any person or extended in the control of the control o	e any background investigation necessary as it pertains to the entity contacted by the Department of Motor Vehicles, its mey may have during the course of my initial background anless under any and all causes of legal action, the State of ees and all persons or entities furnishing information or eackground investigation. I understand providing false his questionnaire is grounds to deny, suspend, or revoke my filing false information to obtain any license or permit is a eada Administrative Codes in addition to being subject to the
		_
Signature of Applicant		Date
Signatures must be original. Pho	otocopies are not accepta	table.
State of Nevada County of		
Subscribed and sworn before me the	nis day of	, 20 by
Notary Public or Authorized Nevada	a DMV Representative	(Notary Seal)
	For Departme	ent Use Only
Case No		
Application completed and sign	ned  Fingerprints  Bac	ckground Investigation
	-	
Recommendation: Approved	Denied	
Signature of Employee		Date
enginatare or Employee		
		Date
Signature of Supervisor (if applicab	le)	
		Date
Signature of Investigator (if application)	ble)	

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