



REQUEST FOR OCCUPATIONAL LICENSING INFORMATION

Information Requested
 Business
 Individual

INSTRUCTIONS:

See Public Information Guide on back page for questions concerning the type of information that can be released.

- Print clearly or type.
- A minimum \$5.00 processing fee is billed for each request that requires a search of the department's files.
- If you hold a pre-approved commercial requester account, your account will be billed the appropriate fees.
- If you do not currently have an account, the appropriate fees must be submitted at the time of request.
- Mail completed and signed form to: Department of Motor Vehicles, Occupational Licensing, P.O. Box 932342, Mail Station L224, Sacramento, CA 94232-3420.

SECTION 1 — REQUESTER INFORMATION

REQUESTER (LAST, FIRST, MIDDLE)	VENDOR REQUESTER CODE	AGREEMENT NUMBER
ADDRESS	USER REQUESTER CODE	AGREEMENT NUMBER
CITY	STATE	ZIP
		TELEPHONE NUMBER ()

SECTION 2 — INFORMATION REQUESTED

INDIVIDUAL NAME	DATE OF BIRTH	INDIVIDUAL OCCUPATIONAL LICENSE NUMBER
BUSINESS NAME	BUSINESS OCCUPATIONAL LICENSE NUMBER	
ADDRESS	CITY	STATE
		ZIP

DESCRIPTION OF INFORMATION REQUESTED

SECTION 3 — REQUESTER'S SIGNATURE AND DRIVER LICENSE / IDENTIFICATION NUMBER

SIGNATURE X	DRIVER LICENSE/ID NUMBER	DATE REQUESTED
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FOR DEPARTMENTAL USE ONLY

- Cannot identify from information submitted.
- No record found based on information submitted.
- License number incorrect for name submitted.
- Invalid requester/or end user code.
- Other

AMOUNT PAID	CHECK NUMBER	COMPLETED BY X	DATE
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OCCUPATIONAL LICENSING

PUBLIC INFORMATION GUIDE

INFORMATION		AVAILABLE ON THE WEB	RELEASABLE TO THE PUBLIC	IN WRITING	BY PHONE
LICENSE	License Status	YES	YES	YES	YES
	Number of Consumer Complaints	NO	NO	NO	NO
	Pending Consumer Complaints	NO	NO	NO	NO
	Current Adverse Action	YES	YES	YES	YES
	Status and dates, no other details				
	Prior Adverse Action	YES	YES	YES	YES
Status and dates, no other details					
OWNER	Owner's Names/Titles	YES	YES	YES	YES
	Owner's Home Address	NO	NO	NO	NO
	Owner's Home Telephone Number	NO	NO	NO	NO
INDIVIDUAL	Individual's Licensee's Name	NO	YES	YES	NO
	Individual's Home Address	NO	NO	NO	NO
	Individual's Home Telephone Number	NO	NO	NO	NO
	Place of Employment	NO	YES	YES	NO
	Employment Dates	NO	YES	YES	NO
FIRM	Firm Number	YES	YES	YES	YES
	Firm Name	YES	YES	YES	YES
	Firm Address	YES	YES	YES	YES
	Firm Branch Name/ Address	YES	YES	YES	YES
	Firm Telephone Number	YES	YES	YES	YES
BOND	Bonding Company Name	NO	YES	YES	YES
	Bond Number	NO	YES	YES	YES
	Bonding Company Address	NO	YES	YES	YES
	Bond Effective Date	NO	YES	YES	YES
	Name of Principal on Bond	NO	YES	YES	YES
DEALER	Verification of Dealer Name/Number for Auctions	YES	YES	YES	YES
	Verification of Dealer Amount/Number of Plates	NO	YES	YES	NO